



Waiver of Liability

Treatment Declined

Date	
Tooth #	
Treatment Description/Diagnosis	

Dr. Jeong has discussed the importance and recommendations of the above diagnosis:

I have received a treatment plan with this detailed information outlined. I have chosen to decline proceeding with Dr's recommended treatment at this time. I understand that this decision is against the recommendation of Dr (name). He has fully informed me as to the complications that may/will arise due to not proceeding with this needed treatment, including but not limited to infection, abscess, broken tooth, loss of tooth and/or tooth pain.

Per my signature below, I acknowledge and release both he and the practice of any liability from issues, health concerns &/or problems that may arise as a direct result of my decision.

Signature	
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