Figure 3. SAMPLE: Informed Refusal*

I, ____ (patient name) ______________ refuse ____ (specify treatment) ______ as recommended by my dental professional. The risks, benefits, and reasons for the treatment, and the possible outcomes associated with declining treatment have been fully explained. All of my questions have been answered.

Signature: ______________________________ Date: __________
Clinician: ______________________________ Date: __________
Witness: ______________________________ Date: __________