

**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: \_\_\_\_\_

\* Adapted from: Palleschi KM. Dental hygiene care plan, evaluation, and documentation. In Darby ML, Walsh MM, eds. *Dental Hygiene Theory and Practice*. 3rd ed. St. Louis, Mo: Elsevier Saunders; 2010.