

Examination Refusal Form

I, Born On:

Residing at

Have requested my dental practitioner to perform the following treatment with my express permission without having a full clinical examination. I am happy to proceed despite being advised to have an examination. Should any dental health problem arise due to my refusal to have an examination, I will not hold the dentist responsible financially for any treatment I require.

Please write in block capitals below the treatment/s being undertaken without examination:

Patient Name

Patient Signature

Date

Dentist Name

Dentist Signature

Date