

Release From Liability-Informed Refusal

Against Dental Advice

I hereby release from liability Dr. Byers and his/her associates, employees, and agents from any injury that I may currently, or in the future, suffer as a result of my refusal to have the following service(s) or consultation(s) performed:

The need for the service(s) or consultation(s) has been fully explained to me, along with the consequences of not having the service(s) or consultation(s) performed.

I have discussed the matter with my dentist, and all of my questions have been answered. I fully understand why the recommendation has been made, and the possible consequences of my refusal.

Patient Signature _____ Date _____

Dr Byers _____