☐ I refuse to give my consent for the proposed treatment(s) as described above and have been explained the potential consequences associated with this refusal.

Sign here, only if all of your questions have been answered to your satisfaction

Ronny New Henriksen

08-03-2024

Patient's name	Signature of Patient Legally authorized Representative	Date

08-03-2024

Witness Signature

Date

08-03-2024

Dentist's Signature

Date