

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**

Arti Tahiliani



29-08-2023

Patient's name

Signature of Patient Legally authorized Representative

Date



29-08-2023

Witness Signature

Date



29-08-2023

Dentist's Signature

Date

