

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

Aileen Ranese Dabolkar



14-03-2024

Patient's name

Signature of Patient Legally authorized Representative


Date



14-03-2024

Witness Signature

Date



14-03-2024

Dentist's Signature

Date

