



Date: ____/____/____

Informed Refusal of Alveoloplasty

Patient: _____

The dentist has advised me to have alveoloplasty for the accurate treatment of possible dental conditions in my mouth. The doctor and/or staff have explained to me the importance of the procedure and have discussed with me the potential risks of not having recommended treatment done. By not having the recommended treatment done, pain can occur, dentures may not fit well. If patient elects to get alveoloplasty done after denture seat, Near Me Dental will not be held responsible for a reline or a remake.

Having been informed, I elect not to have alveoloplasty at this time. I release the doctor and staff members from any responsibility resulting from my refusal.

(Patient Signature)

(Doctor/ Staff Member Signature)