



DECLINATION OF TREATMENT

I have been presented with a treatment plan for my child, _____ on
 ____/____/____. I understand that he/she has active cavities/dental disease in his/her
 mouth. The process of dental cavities/infections as well as the progression of cavities has been
 explained to me. I understand that by not treating decay early, the lesions can turn into abscesses
 or possibly further infection that could spread throughout the body. It has been explained to me
 that by not treating the cavities, the permanent teeth are at higher risk of developing decay.

I am aware a follow up appointment is necessary to complete treatment, and I am electing not to
 have the cavities treated at this time.

Patient Name	Responsible Party's Signature	Date

 Attending Dentist's Signature

OFFICE USE:
 STAFF _____