



Name 姓名: _____ Medical Record # 病歷號碼: _____ DOB 生日: _____

Refusal for Treatment Form 病人醫療及手術拒絕書

My dentist 我的牙醫, _____, has recommended the following treatment 推薦了以下治療方法:

_____。

S/he explained to me that the potential benefits of the treatment include: 他/她已向我解釋治療可能帶來的好處, 包括:

_____。

Despite my dentist's recommendation, I am declining to consent to this dental treatment or procedure. The dentist has explained the following risks associated with not following through with the recommended treatment. They include, but not limited to: 儘管我的醫生建議, 我拒絕同意此牙科治療或手術。牙醫也已向我充分解釋了未遵循推薦治療相關的風險。它們包括, 但不限於:

_____。

By signing this document, I acknowledge that 通過簽署本文件, 我確認 (1) my dental condition has been evaluated and explained to me by my dentist who has recommended treatment as stated above, 我的牙科病情已由我的牙醫評估並向我解釋, 他推薦了上述治療方法, (2) my dentist has explained to me the potential benefits of such treatment, 我的牙醫向我詳細解釋了這種治療可能帶來的益處, (3) my dentist has explained to me the possible risks of not following through with the recommended treatment, which I fully understand, 我的牙醫也已向我充分解釋了拒絕診治的風險, 本人亦完全瞭解, and (4) I have had an opportunity to discuss any and all questions related to the recommended treatment. 我已向相關人仕討論所有關於上述療法的問題。 In spite of this understanding, I refuse or decline to consent to this dental treatment. 儘管如此, 本人拒絕以上述牙科治療。

Date & Time
日期&時間

Patient/Rep's Signature
病人/授權人簽署

Rep's Relationship
授權人與病人之關係

The patient/authorized individual has read this form or had it read to him or her. 病人/授權人已閱讀此同意書或有人將其讀給他/她。

The patient/authorized individual states that he or she understands this information. 病人/授權人聲明他/她明白所有信息。

The patient/authorized individual has no further questions. 病人/授權人沒有其他或更進一步的問題。

Date & Time
日期&時間

Witness Signature
見件證人簽署

Witness Title: DMD/Asst./Other
見證人職稱: 牙醫/助理/其他