



# AOMSI CONSENT FORM

For A Safer Tomorrow

## Informed refusal of treatment.

This form is primarily used when any recommended treatment is refused by a patient. (It may also be used for patients with TMJ implants who remain both asymptomatic and without imaging changes in joints and who, contrary to FDA and AAOMS guidelines, do NOT wish to have TMJ implants removed)

I have been informed by DR of my condition and the recommended treatment consisting of :

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I have also been offered alternative treatment which include:

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After considering the treatment possibilities offered, and having the benefits and risks of each explained to my satisfaction, I have voluntarily chosen to :-

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I understand that my decision is contrary to my doctor's recommendation and that my condition may significantly worsen as a result, may require additional therapy additional therapy/ or hospitalization, and in rare circumstances may be life threatening. I AGREE TO RETURN TO THIS OFFICE FOR PERIODIC MONITORING OF MY CONDITION AS scheduled by my doctor.

I realize that I may consider my decision at any time by notifying my doctor.

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Patient 's(or Guardian) signature

Date

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Witness's Signature

Date

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Doctor's Signature

Date