

Dr. David P. Violette
Periodontal Therapists: Pam Buck, RDH Laura Cassidy, RDH Ruthann Stover, RDH
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GENERAL CONSENT FORM

The following
procedure _____

has been explained and recommended to me.

I understand and accept the above treatment.

X _____ Date _____

I decline the treatment at this time and understand the possible consequences for
doing so.

X _____ Date _____