

Family Smile Center, LLC
5950 Frederick Crossing Lane, Suite 201
Frederick, MD 21704
301-663-9484

Waiver for Pre-medication

I, _____, decline the recommendation to take pre-medication for my medical condition, _____, as prescribed by this office and the American Heart Association , for the procedure: _____.

Possible complications of not taking the pre-medication have been explained to me. I assume full responsibility for any complications as a result of not taking the pre-medication and will not hold Family Smile Center, LLC or any of the staff members responsible for the consequences.

Signature _____ Date _____

Witness _____ Date _____