

Declination of Periodontal Treatment

Name

Date

We have advised you on this date that you have _____

You have been informed that periodontal pockets are indications of this disease. You have been shown the pockets in your own mouth.

You have been told you have the following:

_____ 4mm to 5mm pockets

_____ 6mm to 7mm pockets

_____ 8mm or deeper

The 8mm or deeper pockets are around teeth numbers _____ which have been pointed out to you.

You understand that Periodontal Disease is progressive and that the failure to treat this disease may result in the eventual loss of your teeth.

To neglect treatment could cause crippling, debilitating and disfiguring health problems that would precipitate pain and discomfort and possible confinement.

You are declining the recommended treatment of _____

for your oral condition, despite the described consequences of not treating your condition

Patient Signature:

Date:

Doctor Signature:

Date:

Witness Signature:

Date: