

PERIODONTAL TREATMENT REFUSAL FORM

I have been informed that I have periodontal disease.

Periodontal disease stems from accumulation of plaque - sticky, colorless bacteria that form on teeth. Toxins produced by bacteria irritate the gums and harden into calculus (tartar), destroying the supporting tissue around the teeth. As the plaque and calculus build up between the teeth and the gums, gum tissue recedes from the teeth and pockets form. Tooth loss is inevitable.

Periodontal disease has also been implicated as having an effect on general health and an increased incidence of stroke, heart disease, diabetes, low birth-weight babies, and some types of cancer.

Scaling and root planing has been recommended to clear away the toxins causing inflammation and follow-up periodontal care has been recommended at three or four month intervals.

I have been told that my periodontal disease is progressive and that I may experience consequences that include but are not limited to future loss of teeth or other serious health problems if I wish to decline recommended treatment.

All of my questions and concerns have been answered.

I decline the recommended periodontal treatment.

Patient Name (Print)

Patient Signature

Date

Hygienist

Date

Dentist

Date