

Periodontal Refusal and Release

Dr. _____ has advised me that I need to undergo Periodontal examinations and/or the following treatment(s) or procedure(s):

I have been informed that I have:

_____ Bleeding points (total #)
_____ 3-4 mm Pockets
_____ 5-7 mm Pockets
Teeth Numbers: _____
_____ 8 mm or deeper Pockets
Teeth Numbers: _____

Dr. _____ and/or his team members have explained the risks, benefits, and alternatives of the periodontal treatment and I understand these risks, benefits, and alternatives of treatment. I also understand that periodontal disease is progressive and if left untreated, I may risk infection, severe illness, and/or the eventual loss of my teeth.

By signing this form, I assume all the risks and consequences involved in refusing Periodontal treatment and release Dr. _____ and his team members from any liability.

Patient: _____ Date: _____

Witness: _____ Date: _____