

John Q. Dentist, D.D.S.

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Murrieta, CA 92562

(909) 678-9876

Patient Name: _____

Date: _____

INFORMED REFUSAL FOR PERIODONTAL TREATMENT

Dr. _____ and/or his hygienist has informed me that I have periodontal (bone & gum) disease and that if untreated, it can worsen in time and may lead to further bone loss and premature tooth loss. The severity of my periodontal infection, its nature, cause, and recommended therapy have been thoroughly explained to me.

I have been encouraged to ask questions about my bone/gum condition.

Having been informed of my bone/gum disease and condition, I voluntarily refuse to undergo non-surgical therapy. I have also been informed of the services of a gum specialist (periodontist) and I also choose not to engage in either the non-surgical therapy or referral to a periodontist.

Signature of patient or guardian

Witness

Date