

Your Letterhead Here

REFUSAL OF PERIODONTAL TREATMENT

I _____ have been advised of my need for periodontal treatment for periodontal disease. I have refused to undergo periodontal treatment. I have been given a chance to ask any questions associated with not treating this disease. I have been informed that failure to undergo periodontal treatment may lead to, but is not limited to:

- Loss of bone which supports teeth
- Mobility of teeth
- Loss of teeth, including loss of restorations on these teeth
- Abscesses and infections

In addition, periodontal disease has been shown to have a correlation in severity with systemic diseases, such as cardiovascular (heart) disease and diabetes. Failure to treat this disease may have other systemic effects.

I agree not to hold _____ or their professional staff responsible for any future problems that failure to treat periodontal disease may cause.

Signature of Patient, Parent, or Guardian

Date

Signature or Witness

Date