PERIODONTAL TREATMENT REFUSAL FORM

I, _____ have been informed by the treating dentist and hygienist that I have periodontal disease. I understand that without a periodontal scaling and root planing my condition will not improve and could possibly worsen, causing potential tooth and bone loss. I am declining the option to have the periodontal cleaning done, thereby relieving (Health Center) and any of the providers of any liability, should these conditions develop.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Witness: _____ Date:_____