

**DISCUSSION AND REFUSAL OF PERIODONTAL TREATMENT**

It has been explained to me that my periodontal condition requires additional treatment and/or referral to a specialist. The recommended treatment is \_\_\_\_\_

The intended benefit of this treatment is to improve the health of my gums, teeth and surrounding bone and to retain my natural teeth as long as possible. I understand that leaving my present periodontal and dental condition untreated could result in but is not limited to the following: loss of teeth, recession of gums, infection, sensitivity, cavity formation and loss of bone structure. My periodontal disease may have adverse effects on my total body health.

I release this office and its employees from all liability involved with my periodontal/dental condition. All of my questions have been answered regarding the recommended treatment, however at this time I do not wish to have the recommended treatment performed.

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Patient Signature

Date

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Doctor/Hygienist Signature

Date

**WHY A 3 MONTH PERIODONTAL RE CARE VISIT?**

Your scaling and rootplaning therapy and placement of a low dose antibiotic under the gums is a non-surgical approach to control periodontal disease. There is NO CURE for periodontal disease; it can only be managed or controlled.

The bacteria that cause periodontal disease re-establishes in 3 months after treatment. A 3 month RE CARE visit is critically timed to disrupt these bacteria that cause harm to the tissues and the bone that support the teeth. For patients with adult periodontitis, supportive 3-month recare is not an option-but a requirement for successful therapy. Waiting longer may result in advanced inflammation and the progression of the disease.

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Patient Signature

Date