PERIODONTAL TREATMENT REFUSAL FORM

l,	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	n to have the periodontal cleaning done,
thereby relieving (Health Center) and any of the provid	ers of any liability, should these
conditions develop.	

Patient Signature:	Date:
Provider Signature:	Date:
Witness:	Date: