

INFORMED CONSENT STATEMENT PERIODONTAL DISEASE

This information is to ensure that you are aware of the existing periodontal disease (gum disease) and infection present in your mouth. It is to acknowledge that you have been informed of the existence of this disease and given a copy of the periodontal pocket charting. The consequence of nontreatment will likely result in a progression of this infection and, if it continues, eventual bone loss, loosening of teeth and the ultimate loss of teeth. This release also acknowledges that on this date at least two options for treatment were offered to you:

- 1 A nonsurgical approach to periodontal disease in which you are an active co-participant
- 2 Referral to a periodontal specialist for a surgical approach to therapy, or other treatment as deemed appropriate

_____ I accept option 1, for which a fee of \$ _____ has been quoted and I accept responsibility for the same.

Signature of patient

Date

_____ I accept option 2 and prefer to be referred to a specialist for treatment.

Signature of patient

Date

Name of specialist to whom patient was referred:

_____ I decline both options 1 and 2, and I prefer to have only a basic cleaning of my teeth, knowing that cleaning by itself will not prevent advancement of my disease or correct the disease. I also understand that the consequences include possible loss of bone and teeth because of nontreatment of the disease.

Signature of patient

Date