Informed Refusal

Periodontal Treatment

I am aware of the periodontal disease (gum disease) and infection present in my mouth. I hereby release from liability Dr. Byers and his or her associates, hygienists, employees, and agents from any injury I may currently, or in the future, suffer as a result of my refusal to proceed with periodontal treatment or referral as recommended.

The recommended treatment plan, alternative treatments, and the benefits and risks involved have been fully explained to me to my satisfaction and I have had all of my questions answered.

Inadequate or non-treatment may result in the progression of my periodontal disease with the possible loss of gum tissue, bone and teeth. My periodontal disease may have adverse effects on my total body health. I fully understand these consequences and am willing to assume all of the risks involved.

I have carefully read the above, and understand this refusal for treatment.

Patient Signature ____________________________________ Date _______________________

Dr Byers ____