INFORMED REFUSAL: PERIODONTAL MAINTENANCE (D4910)

I, ______________________________, understand I have a serious periodontal condition (Periodontal Disease AAP _____) causing gum and bone infection and/or loss of bone, and I understand this can result in the ultimate loss of some or all my teeth. I hereby release from liability Dr. ______________________, his/her 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.

I understand that by NOT undertaking the recommended dental procedure called Periodontal Maintenance (D4910), it may have future adverse effects on my periodontal condition resulting in possible tooth loss.

I understand that it is recommended that I have this procedure, Periodontal Maintenance, performed in ______ monthly intervals on order to remove plaque (bacteria), calculus (tartar) and ineffective toxins (poisons) from the pocket areas that I can not reach with brushing and flossing.

I understand that an Adult Prophylaxis (D1110), typically called a routine cleaning@, will NOT address the removal of the plaque (bacteria), calculus (tartar) and ineffective toxins (poisons) to the base of the pockets in my tooth which range from _____mm to ______mm in depth (3mm or less is healthy).

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

Patient signature_____________________________ Date________________

Witness signature____________________________ Date________________