

## Non-treatment of Periodontal Disease

I understand that I have periodontal (gum and/or bone) disease. The disease process has been explained to me and I understand that it is caused by bacterial toxins (poisons) and my response to these toxins. I realize that this disease may be painless and without apparent symptoms, but that usually symptoms such as bleeding, swelling, or recession of gum tissue, loosened teeth, elongated teeth, bad breath, and/or sensitivity and soreness may be noticed. Treatment of periodontal disease may include periodontal scaling and root planing, either as a therapeutic procedure or preliminary to more extensive treatment.

Periodontal scaling and root planing involves the removal of calculus, bacterial plaque, bacterial toxins, diseased cementum (the outer covering of the root surface), and diseased tissue from the inner lining of the crevice surrounding the teeth. The purpose of this procedure is to reduce some of the causes of periodontal disease to a level more manageable by home care and my individual immune system.

Consequences of not treating my periodontal condition may be, but are not limited to:

1. Increased recession of gum tissue and exposure of root surfaces
2. Increased sensitivity to hot, cold, and/or sweets
3. Increasing tooth mobility (loose teeth)
4. Food may collect between teeth
5. Continued and progressive infection of the gums and other supporting structures
6. Loss of teeth
7. Spread of infection to other sites in the body
8. All "warranty" of dental treatment is void. We cannot guarantee treatment will last when gums are neglected and periodontal disease remains unchecked. All retreatment of restorations will be at full cost to the patient.
9. Advanced Periodontitis: in the final stage of gum disease, the fibers and bone supporting the teeth are destroyed, which can cause teeth to shift or loosen. Periodontal surgery may be necessary and teeth may need to be removed.

Having been informed of the possible consequences of not having periodontal disease treated as recommended by Dr. Mitchell, I elect to not undergo treatment at this time. I understand Dr. Mitchell has recommended this treatment in the best interest of my oral and overall health. I understand that any restorations that break will have no warranty.

I have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including the risk of substantial harm by refusing Dr. Mitchell's advice. I release the doctor and staff members from any responsibility resulting from my refusal to follow Dr. Mitchell's recommended treatment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ HYG INITIALS: \_\_\_\_\_