



REFUSAL FOR PERIODONTAL SCALING & ROOT PLANING (DEEP CLEANING)

I **understand** that I have been diagnosed with periodontitis/periodontal disease requiring scaling and root planing (deep cleaning) to treat the gums and bone supporting existing teeth. Even though the disease process may be painless, the signs and symptoms of the disease include bleeding, swelling, and redness of the gums, recession of gum tissue, loose teeth, elongated teeth, bad breath, and sensitivity or soreness. **If the disease becomes severe, a referral to a specialist will be given and the patient may be dismissed from Thrive Dental & Orthodontics.**

I, _____, am declining to have periodontal scaling and root planing treatment, thereby releasing the dentists, hygienists, and any associates at Thrive Dental & Orthodontics from any liability of injury I may currently, or in the future, suffer as a result of my refusal to proceed with periodontal treatment or referral as recommended.

I **understand** that the consequences of declining treatment include, but are not limited to:

- Recession of gum tissue and exposure of root surfaces causing:
 - 1.) Sensitivity to hot, cold, or sweets
 - 2.) Risk of cavities on root surfaces
- Increased bone loss causing:
 - 1.) Increased tooth mobility (loose teeth)
 - 2.) Food collection between teeth
 - 3.) Spreading/spacing of the teeth
- Continued infection of the gums and other supporting structures causing:
 - 1.) Bleeding
 - 2.) Pain and soreness
 - 3.) Loss of teeth
- Spread of infection to other sites in the body

Patient's Name (please print)

Signature of patient, legal guardian, or authorized representative

Date

Witness' Signature

Date