

LEGAL EXPECTATIONS

Perio Charting

- Yearly in the absence of perio
- Every perio maintenance visit

Paternalism?

- Present findings
- Explain disease process
- Discuss options
- Discuss recommendations
- Refer, when needed

PERIODONTAL TREATMENT REFUSAL FORM

I, _____, have been advised by the treating dentist and agree to the above periodontal disease treatment plan and understand that without appropriate management my periodontal condition will deteriorate and could result in further, including periodontal surgery, loss of bone leading to migration of teeth, loss of periodontal chewing ability, possibly causing possible future and any of the conditions of any existing, needed future condition. I hereby:

Refuse treatment: _____ Date: _____
Provide signature: _____ Date: _____
Witness: _____ Date: _____