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## PERIODONTAL TREATMENT REFUSAL FORM

I have been advised by Dr. Alicia Nails that I have an active periodontal infection in my mouth. My diagnosis, recommended treatment, and prognosis have been reviewed with me in detail. I realize that periodontal disease is an infection of the gum tissue which destroys the bone support of my teeth. My refusal of periodontal treatment may lead to further bone loss, eventual tooth loss and has been associated with other diseases such as heart disease, strokes and other general health complications. I have had the opportunity to ask questions that were answered to my satisfaction.

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*With my signature, I DECLINE treatment and accept the consequences of my decision to decline periodontal treatment.*

Patient's Name *(please print)* \_\_\_\_\_ Signature of Patient \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_