CNA Sample Form: Discussion and Refusal of Periodontal (Gum) Treatment

Patient's Name:_____ Date of Birth:_____
Last *First* *Initial*

I am being provided with this information and refusal form so I may fully understand the treatment recommended for me and the consequences of my refusal. I wish to be provided with enough information, in a way I can understand, to make a well-informed decision regarding my proposed treatment.

I understand that I may **ask any questions I wish** and that it is better to ask them before treatment begins than to wonder about it after treatment has started.

Nature of the Recommended Treatment

It has been recommended that I have the following periodontal treatment (all that apply have been checked for me):

☐ Scaling and root planing ☐ Osseous (bone) surgery and recontouring ☐ Gingivectomy (recontouring)
☐ Periodontal bone graft ☐ Soft tissue graft ☐ Referral to a gum specialist (periodontist)
☐ Other:_____

Teeth or areas of each recommended treatment:_____

_____

This recommendation is based on visual examination, periodontal probing and charting, X-rays, other diagnostic tests, any models or photos taken, and on my doctor's knowledge of my medical and dental history. The treatment is necessary because of periodontal (gum) disease that has been diagnosed as:

☐ Generalized chronic periodontitis ☐ Localized chronic periodontitis ☐ Gingivitis/gingival disease
☐ Generalized aggressive periodontitis ☐ Localized aggressive periodontitis
☐ Other (as specified):_____

Teeth or area that applies to each diagnosis:_____

_____

I have been informed that periodontal diseases are infections that affect the tissues and bone that support teeth. I have been informed that other factors can affect my periodontal disease and its progression, including the condition of my dental restorations, certain diseases (such as diabetes and heart disease), habits (tobacco use), and medications.

Factors specifically affecting me include:_____

The intended benefit of this treatment is to improve the health of my gums and teeth and to try to retain my natural teeth as long as possible. Other benefits may include:_____

_____

The prognosis, or likelihood of success, of this treatment is:_____

My treatment is estimated to cost $_____ and is estimated to take _____ visit(s) to complete.

Alternative Treatments

The treatment recommended for me was chosen because it is believed to best suit my needs. I understand that alternative ways to treat my periodontal dental condition include:_____

_____

☐ No other reasonable treatment option exists for my condition.

_____ I have had an opportunity to ask questions about these alternatives and any other treatments I have heard or thought about, including _____.
Patient's Initials

continued…

Risks of the Recommended Periodontal Treatment

I understand that no dental treatment is completely risk-free and that my dentist would take reasonable steps to limit any complications of my treatment. I understand that some after-treatment effects and complications tend to occur with regularity. These include tooth sensitivity, pain from treatment, infection, swelling, dark spaces between teeth where there is no longer any gum tissue, and changes in how long my teeth appear (due to recontouring). I understand that as the health of my gum tissue improves, the tissues may shrink or recede: this is a normal reaction to treatment. This change may make some previous dental restorations (crowns, fillings) more noticeable and they may need to be replaced to make them more cosmetically acceptable. I understand that I may be given a local anesthetic injection and that in rare situations, patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. I understand that the injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from the anesthetic injection. Other risks of my treatment include:

_____

Risks of Not Having the Recommended Periodontal Treatment

I understand that complications to my teeth, mouth, and/or general health may occur if I do **not** proceed with the recommended treatment. These complications include:

☐ Pain ☐ Bleeding ☐ Swelling ☐ Mouth odor ☐ Tooth mobility ☐ Tooth loss ☐ Additional infection
☐ Complication of other health issues (such as diabetes, heart disease, stroke) ☐ Inability to proceed with other dental care
☐ Other:_____

_____ I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about.
Patient's Initials

Acknowledgment

I, _____, have received information about the proposed periodontal treatment. I have discussed my treatment with Dr. _____ and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, and the risks of the recommended treatment, and the risks of refusing treatment.

(The following release is optional.)

I personally assume the risks and consequences of my refusal, and release for myself, my heirs, executors, administrators, or personal representatives those dentists who have been consulted in my case from any and all liability for ill effects which may result from my refusal to consent to the performance of the proposed treatment.

I acknowledge that I have read this document in its entirety, that I fully understand it and that all blank spaces have been either completed or crossed off prior to my signing.

I do NOT wish to proceed with the recommended periodontal treatment.

Signed:_____ Date:_____
Patient or Guardian

Signed:_____ Date:_____
Treating Dentist

Signed:_____ Date:_____
Witness

This sample form is for illustrative purposes only. Your periodontal procedures and risks may be different than those described. We encourage you to modify this form to suit your individual practice and patient needs. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice.