



## **INFORMED CONSENT FOR PERIODONTAL DISEASE**

I have been informed that I have periodontal disease. I have been educated on the cause and effects, along with systemic relations to the overall health of my body, including, but not limited, to increased risks of cardiovascular disease, strokes, pregnancy complications and diabetes

I also have been told that it has been scientifically proven that periodontal disease significantly increases the chances of heart attacks.

I have been advised that treatment (scaling and root planning also known as "gum infection therapy") is recommended in attempt to arrest this infectious process. I am aware that without treatment this infection may continue to spread to the ligaments that attach my teeth to the bone and to the gums that support my teeth.

At this time I do not wish to have treatment for my periodontal disease. I request that you clean my teeth only, meaning that I request the removal of plaque and calculus above the gum line, not removing the cause of this infection.

I understand that a cleaning is preventative only when infection is not present as in my case, and that unless treated successfully, my periodontal disease will continue to progress further. Just Smiles Family and Cosmetic Dentistry, as well as Dr. Chahine and his Associates cannot be held responsible for the medical and dental complications that this situation can create.

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*Patient Name*

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*Patient Signature*

*Date*

*– Dr. Chahine, DMD, FAGD & Associates*

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