



*Dentistry Dedicated
to Excellence*

Acknowledgment of Bone Grafting/Membrane Placement and Declining of Treatment

This information is to ensure that you are aware of the existing damaged teeth and infected bone present in your mouth. It is to acknowledge that you have been informed of the existence of this disease and educated on the benefits and importance of treatment. The consequence of non-treatment will likely result in a progression of bone loss, loosening of additional teeth and the ultimate loss of the ability to restore form, function and esthetics to the affected area. This release also acknowledges that on this date, the options for treatment have been offered to you and you are choosing to decline treatment.

I have chosen to decline bone grafting and membrane placement in which I am an active co-participant, and I prefer to have only the extractions done on my teeth. I also understand that this is against my dentist's medical advice and the consequences include possible loss of additional teeth and bone because of non-treatment. I fully accept the risks of delaying or declining treatment.

Patient signature

Date