



3120 State Street
Medford, OR 97504
Phone: 541-773-9222
Fax: 541-773-8999
Email: info@soperio.com
Website: www.soperio.com

Informed Consent of Treatment

I acknowledge that the Periodontist has evaluated my signs and symptoms, completed a thorough examination, and diagnosed my dental conditions.

I acknowledge that the Periodontist has advised me of my treatment options, including the advantages, disadvantages, risks and potential complications of each of my alternatives.

I have had the opportunity to ask questions, receive answers to and responsive explanations for, all questions about my dental conditions. Furthermore, I understand the nature of the recommended treatment and all associated relevant information.

I understand that while the Periodontist may make recommendations based on apparent advantages, ultimately, the choice to accept or decline treatment is solely mine and I accept the responsibility associated with this decision.

I understand that it is my responsibility to complete treatment and follow recommended maintenance schedules. If I do not proceed with my treatment plan in a timely manner, maintenance plans are not followed and/or appointments are missed, adverse results could affect my dental health.

Having carefully weighed these options, I have decided that one of the proposed courses of treatment is satisfactory and wish to proceed with the recommended treatment.

Print name: _____ Signature _____ Date _____