

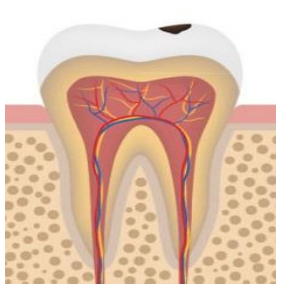

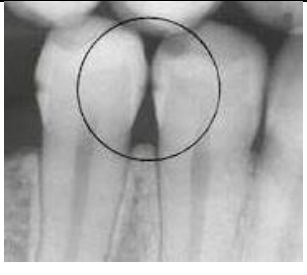


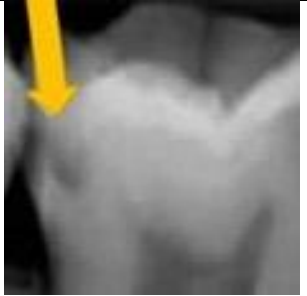
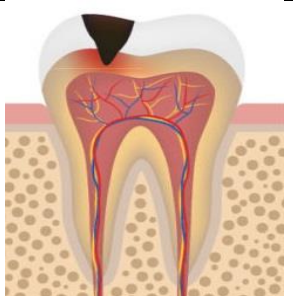

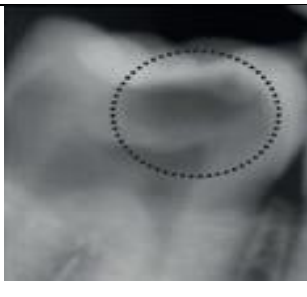
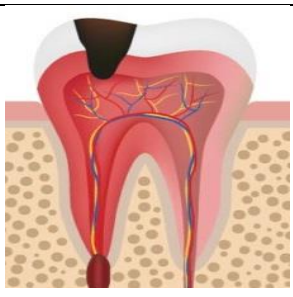


WHAT STAGE OF DECAY DO YOU WANT

TO BE TREATED AT WHEN DIAGNOSED WITH DECAY?

CAMBRIDGE DENTISTRY STAGES OF DECAY

<p>I</p>	<p>INCIPIENT (AT THIS STAGE THE CAVITY IS SMALL THERE IS NO NEED FOR ANESTHETIC OR WE CAN PUT A WATCH ON IT)</p>			
<p>II</p>	<p>MODERATE (THE CAVITY WILL NEED TO BE DONE, ANESTHETIC IS NEEDED WITH NO POST OP PAIN OR SENSITIVITY)</p>			
<p>III</p>	<p>ADVANCED (THIS STAGE IS PAINFUL, ANESTHETIC IS NEEDED AND THERE WILL BE POST OP SENSITIVITY)</p>			
<p>IV</p>	<p>SEVERE (THIS STAGE IS VERY PAINFUL WITH EXTREME SENSITIVITY AND WILL REQUIRE A ROOTCANAL)</p>			

I HAVE BEEN INFORMED AND ADVISED OF THE CURRENT STAGE/STAGES OF DECAY. I AM FULLY AWARE OF THE STAGES OF DECAY THAT HAVE BEEN PRESENT TO ME AND KNOW THAT IT IS ULTIMATELY MY CHOICE ON HOW I WANT TO PROCEED WITH MY DENTAL TREATMENT OR LACK OF DENTAL TREATMENT. AFTER REVIEWING THE STAGES OF DECAY, I WOULD LIKE TO ADDRESS AND RESTORE MY DENTAL DECAY ONCE IT IS AT LEVEL _____.

SIGNATURE _____ DATE _____