

INFORMED CONSENT FOR NON-SURGICAL PERIODONTAL TREATMENT

Patient Name:

Date of birth:

Date:

DIAGNOSIS:

Dear.....

Your Dentist has made a diagnosis that you have periodontal disease and has made a recommendation that you require periodontal treatment. This document is designed to outline this treatment, its risks, expected outcomes, alternatives and your responsibilities. You have been informed that there are dentists who are specialists within this field (periodontologists) and you have been advised and offered to be referred to such dentist to receive optimal treatment but due to your personal circumstances you have denied this advise and specifically requested to be treated by your general dentist. Please be aware that you can change your mind at any point and request to be referred to a specialist periodontologist. This is strongly advised by your dentist.

To help meeting your demand of treatment we have made a treatment plan for you to be considered. Please read the following and ask if anything is unclear.

Dental x-rays will be taken to check the condition of the bone that supports your teeth. A thorough examination of your oral cavity will be done measuring the pockets under the gums surrounding your teeth to determine which periodontal treatment(s) your gum condition requires.

Treatment involves removing the bacterial substance known as plaque, which is the principal cause of periodontal disease and calculus, which is an accumulation of hard deposits on the tooth above or below the gingival margin.

The treatment involves scaling, which uses sharp hand instruments to remove calculus, plaque, and bacteria; curettage which scrapes any necrotic (dead) tissue and cleans the area or pocket, and root planing which smoothes and contours the root surface to remove the debris and cementum found in the periodontal pocket. Medications or a special mouth rinse to help control the growth of bacteria may be part of treatment.

The success of the treatment depends in part on your efforts to brush and floss daily, receive regular cleaning as directed, follow a healthy diet, avoid tobacco products and

follow proper home care taught to you by this office.

A topical or local anesthetic may be administered depending on the sensitivity of the area to be treated.

Benefits of Non-Surgical Periodontal Treatment, Not Limited to the Following:

You must be aware that this treatment is not a cure as currently there is no cure for periodontal disease. This is a treatment in which we aim to through regular, professional cleanings, medicine, oral hygiene education and information, create a clean environment in which your gums can heal; reduce the chances of further irritation and infection; make it easier for you to keep your teeth clean and decrease the risk of losing teeth due to gum disease. Please note that your initial treatment needs to be followed by regular visits to your dentist and hygienist. The interval of your visits will be decided at the end of the treatment depending on your compliance and respond to the treatment.

Risks of Non-Surgical Periodontal Treatment, Not Limited to the Following:

I understand that my gums may bleed or swell and I may experience moderate discomfort for several hours after the anesthesia wears off. There may be slight soreness for a few days, which may be treated with pain medication. I will notify the office if conditions persist beyond a few days.

I understand that because cleanings involve contact with bacteria and infected tissue in my mouth, I may also experience an infection, which would be treated with antibiotics.

I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days afterwards. However, this can occasionally be an indication of a further problem. I must notify your office if this or other concerns arise.

I understand that as my gum tissues heal, they may shrink somewhat, exposing some of the root surface. This could make my teeth more sensitive to hot or cold. I understand that additional surgical procedures are available to protect the exposed areas.

I understand that depending on my current dental condition, existing medical problems, or medications I may be taking, these methods alone may not completely reverse the effects of gum disease or prevent further problems.

I understand that I may receive a topical or local anesthetic and/or other medication. I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking or any possible allergy to local anesthetics, medicines or other materials.

I understand that every reasonable effort will be made to ensure that my condition is

treated properly, although it is not possible to guarantee perfect results. By signing below, I acknowledge that I have received adequate information about the proposed treatment, that I understand this information, and that all of my questions have been answered to my satisfaction.

Consequences If No Treatment Is Administered, Not Limited to the Following:

I understand that if no treatment were administered or ongoing treatment was interrupted or discontinued, my periodontal condition would continue and probably worsen. This could lead to further inflammation and infection of gum tissues, tooth decay above and below the gumline, deterioration of bone surrounding the tooth and eventually, the loss of teeth.

Alternatives to Non-surgical Periodontal Treatment, Not Limited to the Following:

I understand that surgical methods may also be prescribed to help control my gum disease. I have asked my dentist about the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs. Alternatives discussed:

No guarantee has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above permanently.

I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

Patient Signature

Date