

Informed Consent for Periodontal Therapy

Patient's Name (Print) _____

Area of Treatment _____

Success-Many factors influence the success of periodontal treatment: Your general health, condition of the teeth and root support, bone support around the teeth, gum tissue, etc. While we can exert the utmost care and diligence, and the patient can follow all instructions, there are no guarantees this procedure will be successful.

Completions of Treatment-Periodontal treatments are usually completed in several appointments. Once treatment is begun, it is absolutely necessary that the treatment must be completed and the patient diligently follows all instructions. Diligent home care is mandatory. Without it the likelihood of unsatisfactory results increased greatly.

Discomfort-Sensitivity and some discomfort is common after periodontal treatment. Usually this discomfort is short-lived. Instructions and medications will be given to control any pain or soreness. If it does not, or appears to worsen, Please contact our office to let us know.

Bleeding-Usually any bleeding will subside in a few hours. However if it continues beyond that, it should receive attention. Please contact our office.

Bruising/Swelling-Bruising and/or swelling may occur and can last a few days or even a few weeks.

Nerve injury-While very rare, nerve injury can occur. This includes the nerves in the lips, tongue, cheeks, the floor of the mouth, etc. The numbness, which can occur, may be temporary lasting only a few days, a few weeks, or a few months. In extremely rare occasions, this numbness may be permanent.

Infection-While proper sterilization and cleanliness are carefully adhered to, the human mouth and oral cavity are inherently non-sterile environments and infection can occur resulting in swelling, fever, malaise, etc. Attention should be received. Please contact our office.

Bacterial Endocarditis-Bacteria are present in the oral cavity. This is a normal condition. The tissues of the heart for reasons either known or unknown, i.e., rheumatic fever, etc. may be susceptible to a bacterial infection that is transmitted via the blood vessels. Bacterial endocarditis (otherwise known as infection of the heart) is a very serious condition. If any heart problems are known or suspected, the patient agrees to inform the doctor before any treatment is begun.

Reactions to Medications-Reaction to the medication, anesthetic or analgesia may occur. Reaction may also occur in response to any other medications that were administered or prescribed. If you have a reaction, contact the office immediately.

Additional Treatment-Additional treatment may be necessary. It is the patient's responsibility to seek treatment if any problems develop. A surgical procedure or possibly extraction may be necessary to resolve the problem.

The nature and purpose of this periodontal treatment have been explained to me and I have had an opportunity to have my questions answered. I understand dentistry is not an exact science and success with periodontal treatment cannot be guaranteed. In view of the above information, I authorize the doctor and/or such associates and assistants as necessary to render any treatment necessary and/or advisable to my dental condition including any and all medications and anesthetics. I have provided as accurate and complete a medical and personal history as possible, including medical history, medical conditions, antibiotics or any other medications I am currently taking as well as those I am allergic. I will follow any and all treatment and post op treatment instructions as explained to me.

Patient's signature Guardian if patient is a minor

Date

Doctor

Date

Witness

Date