



CONSENT TO PERIODONTAL SURGERY

I (Name of Patient) hereby authorize Dr. (Name of treating Dentist) to perform the following surgical treatment (s) A description of this treatment has been explained to me, and I understand the risks and complications of both having this procedure and of electing not to have the procedure performed.

Treatment Planned:

Teeth/Areas being treated:

I understand that I have a form of periodontal disease that has caused damage to the soft tissues and/or bone around my teeth, and is affecting the health of my oral tissues. This disease process, if left untreated is generally non-reversible, and can be progressive, leading to further damage and potentially, loss of teeth.

I also understand that a variety of surgical procedures are used to treat periodontal disease. While surgical periodontal therapy is generally successful, many factors can affect the level of success attained, and therefore, no guarantee, warranty or assurance can be given me that the proposed treatment will be curative and/or successful to my complete satisfaction. A risk of infection, failure, relapse or worsening of my condition may occur. Secondary surgical procedures may be indicated to revise the primary procedure.

It has been explained to me that the long-term success of my treatment requires my cooperation, and performance of effective plaque control (home care) on a daily basis and periodic periodontal maintenance visits at a dental office after the proposed surgical treatment is performed. This is because most periodontal disease is chronic in nature, and requires ongoing treatment to keep it under control.

I further understand that if no treatment is rendered, my present periodontal condition will probably worsen in time, which may result in premature tooth loss. However, it may possibly deteriorate slowly or remain the same without the proposed treatment.

I have been informed that other possible alternative methods of treatment, including root planning followed by periodontic maintenance or maintenance therapy alone. Although significant complications from periodontal surgery are rare, they can occur. The most common complications are: Discomfort, bleeding, swelling, sensitivity to hot and cold, infection, recession (shrinkage), increased tooth looseness, food impaction between teeth after eating, and unesthetic exposure of crown margins.

My signature affirms that I understand these instructions and am willing to abide by the conditions described in this document. I have had the opportunity to ask questions, and have had them answered to my satisfaction.

Signed (Patient): _____

Printed Name: _____

Date Signed: _____

Witness/Date: _____