

INFORMATIONAL INFORMED CONSENT

PERIODONTAL PROCEDURES AND PERIODONTAL SURGERY

I UNDERSTAND that PERIODONTAL PROCEDURES (treatment involving the gum tissues and other tissues supporting the teeth) include risks and possible unsuccessful results from such treatment. I agree to assume those risks and possible unsuccessful results associated with, but not limited to the following: Even though the utmost care and diligence is exercised in the treatment of periodontal disease and associated conditions, there are no promises or guarantees as to anticipated results.

- 1. **Response to treatment:** Because of many variables within each patient's physiological make-up, it is impossible to precisely determine whether or not the healing process in which tissue response is a vital element will achieve the results desired by the attending dentist and hygienist as well as the patient. Should the desired results not be attained, extraction of teeth may be required despite efforts to save them.
- 2. **Postoperative patient responsibility for care:** With the types of treatment required in correcting periodontal problems, it is mandatory that the patient exercise extreme diligence in performing the home care required after treatment as instructed by the treating dentist and/or hygienist. Without the necessary follow-up care by the patient, the probability of unsatisfactory or unsuccessful results is greatly increased.
- 3. **Pain and soreness:** Periodontal surgery may be followed by substantial pain and soreness in the gums and bony tissues. Such pain and discomfort must be expected and instructions will be given as to the methods of controlling the problems of pain and soreness.
- 4. **Bleeding, bruising, and swelling:** Following periodontal surgery, there are occasions when relatively profuse bleeding may occur. Instructions as to how this may be controlled will be given to you. Some bruising and/or swelling of the intraoral and facial tissues may occur. If extreme, it is your responsibility to contact this office.
- 5. **Infection:** On occasion, postoperative infections(s) may occur. This may range from mild to severe in nature. Should you have any concerns related to this potential problem, this office should be contacted as soon as possible.
- 6. **Reaction to medications or anesthetics:** Allergic reactions may exhibit themselves which may be of mild to very severe in nature relative to medications, materials, and/or anesthetics. It is the responsibility of the patient to fully inform the dentist or hygienist of any past allergic reactions.
- 7. **Injury to the nerves:** Surgical procedures may possibly result in injury to the nerves of the lips, tongue, or other oral tissues. Numbness could occur which may be either temporary or permanent.
- 8. **Gum Recession and tooth sensitivity:** As a result of periodontal treatment or gingival (gum) surgery, gum tissues may shrink or recede exposing the edge or margins of crowns and bridges, creating an unesthetic or unsightly appearance. Additionally, spaces may be created between the teeth that were not there previously. It may be necessary to replace pre-existing crown and bridgework as a result of shrinkage and recession. Additionally, root surfaces may be exposed which increase the sensitivity of the teeth and may also require additional procedures to alleviate.
- 9. **Bisphosphonate Drug Risks:** For patients who have taken drugs such as Fosamax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or for treatment of metastatic bone cancer, there is increased risk of osteonecrosis or failure of bone to heal properly following any periodontal surgical procedure involving bone, including recontouring, etc..
- 10. **It is the patient's responsibility to seek attention should any undue circumstances occur** postoperatively and the patient shall diligently follow any preoperative and postoperative instructions given them, including the scheduling and attending each and every appointment.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of periodontal treatment and periodontal surgery and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No promises or guarantees have been made to me concerning my recovery and results of the treatment. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. _____ and/or his/her hygienists or associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Patient's name (please print)

Signature of patient, legal guardian,
or authorized representative

Date

Witness to signature

Date