UENO CENTER
Dental Specialists

PERIODONTICS + IMPLANTOLOGY

## CONSENT FOR CROWN LENGTHENING

- ✓ **RISKS RELATED TO THE SUGGESTED TREATMENT**: Risks related to periodontal surgery may include, but are not limited to, post-surgical infection, bleeding, swelling, pain, facial discoloration; transient, but on occasion permanent, numbness of the lip, tongue, chin or gums, jaw joint injuries or associated muscle spasm. Risks related to the anesthetics might include, but are not limited to allergic reactions, accidental swallowing of foreign matter, facial swelling or bruising, pain, soreness, or discoloration at the site of the injection of the anesthetics. With exception of parents of pediatric patients, family members are not allowed in the procedure room or operating room for safety and sterility reasons.

- ✓ **CONSENT TO UNFORESEEN CONDITIONS**: During surgery, unforeseen conditions may be discovered which call for modification or change from the anticipated surgical plan. I, therefore, consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the Dr.

- ✓ **SEDATION (*If applicable*)**: I have been advised that sedative drugs may be administered intravenously during surgery. I therefore agree that I will not drive before or after surgery and will make arrangements to be driven to and from the office on the day of surgery.

- ✓ **COMPLIANCE WITH SELF-CARE INSTRUCTIONS**: I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I agree to follow instructions related to my own daily care of my mouth. I agree to report for appointments following my surgery as suggested so that my healing may be monitored and so that the doctor can evaluate and report on the outcome of my surgery upon completion of healing.

- ✓ **PATIENT ENDORSEMENT**: My endorsement (signature) to this form indicates that I have read and full understand the terms and words within this document and the explanations referred to or implied, and that after thorough deliberation, I give my consent for the performance of any and all procedures related to the periodontal surgery as presented to me during consultation and treatment plan presentation by the Dr., or as described in this document.

_____/_____/_____

Print patient name Signature of the patient/parent/guardian Date

As part of this consent agreement, I give my personal pledge, as a healthcare professional dedicated to the well-being of my patients, to make every reasonable effort to assure that you receive the best possible care with the least possible risk.

_____/_____/_____

Witness Signature Date