



PERIODONTICS + IMPLANTOLOGY

CONSENT FOR SCALING AND ROOT PLANING

This treatment involves *scaling*, which uses instruments to remove calculus, plaque, and bacteria; and *root planing*, which smoothes the root surface to remove diseased cementum from the root. The success of this treatment depends on your efforts to follow proper home care and periodontal treatments as directed by this office.

The benefits of this treatment are to reduce and remove deposits of bacteria that contribute to periodontal disease. This creates a cleaner environment in which your gums can heal. SRP will also improve tissue tone to encourage a better response to periodontal surgery, if performed. All efforts to reduce periodontal disease activity may decrease the risk of losing bone and teeth due to gum disease. There are some risks associated with treatment. These may include, but are not limited to, bleeding, swelling, infection, pain, sore jaws from opening, loosened/ discolored fillings or crowns, recession, sensitivity to hot/cold, increased cavity potential, tooth mobility, and numbness from local anesthesia. I understand periodontal disease has no cure, and therefore any treatment rendered is a form management only. I understand every reasonable effort will be made to ensure optimal results, however, perfect results cannot be guaranteed nor can the risk of disease reoccurrence. I understand if no treatment is rendered or if active treatment is interrupted or discontinued, my periodontal condition would likely continue and worsen. This may result in pain, swelling, bleeding, infection, recession, mobility, decay, staining, bone loss, tooth loss, and possible exacerbation of systemic conditions such as cardiovascular disease, diabetes, respiratory disease, pancreatic cancer, and influence pregnancy. With exception of parents of pediatric patients, family members are not allowed in the procedure room or operating room for safety and sterility reasons.

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 Dr. Ueno and any associates affiliated with Ueno Periodontics or as described in this document.

Print patient name

Signature of the patient, parent or 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