

## Periodontal Treatment Consent

Dr. Patel has explained to me that I have periodontal disease and has recommended treatment options to me. I understand that this disease process involves the soft tissue surrounding my teeth (gum tissue), those tissues, which attach the teeth to bone, and the bone itself. I further understand that cause of periodontal disease are complex and may include a genetic factor, hard and soft deposit on the teeth (plaque, calculus) and various bacteria and their toxins. I realize there may be symptoms such as bleeding gums, swelling, infections, bad breath, tooth and root sensitivity, gum recession, loosened teeth (mobility, drifting) and possible loss of teeth. I also realize that this disease includes the removal of all debris, bacterial plaque (hard and soft), possible surgical removal of excess tissue or re-contouring of tissues (hard and soft) and monitoring of home care to maintain tissue health.

On this date, at least three options for my treatment for my periodontal disease were offered as follows:

1. Referral to a periodontist for examination and treatment.
2. Surgical treatment
3. A non-surgical regime of scaling and root planning to be providing at the office Dr. Patel, which will consist of removal of diseased tissue surrounding the teeth including diseased cementum (outer covering of the root surface) and bacterial plaque and toxins. It will also involve the removal of calculus. Scaling and root planning is being proposed to reduce the cause of periodontal disease to a more manageable level.

It has been explained to me that my own home care efforts are just as important as my professional treatment. Failure to follow home care may also complicate treatment or result in a less effective result. I understand that a later referral to a periodontist may still be necessary and there are no guarantees involved in this treatment. I understand that I may still experience loss teeth and/or possible loss of teeth in the future.

I understand and the all treatment option.

I also, understand that by declining options 1, 2, and 3 and elect to receive only a basic cleaning of my teeth. That a consequence of my decision may be the loss of gum and bone tissue, loosening of teeth, and loss of teeth, as a cleaning itself might not prevent the advancement of the disease or correct the disease.

I also understand that a risk of failure, relapse or worsening of periodontal condition may result regardless of the efforts made during treatment. Additionally, re-treatment is always a possibility. No

guarantees have been made or applied. All of my questions have been addressed. I further understand that there may be some unwanted complications, some of which are listed below.

Proposed fees have been explained to me, as have any third party insurance benefits. I understand that third party benefits may be different than discussed by Dr. Patel, as they are not under the control of this office.

Treatment risks/ unwanted consequences may be (but are not limited to):

- Reaction to medications/ anesthetic, post treatment bleeding, infection, tissue swelling or bruising.
- Increased sensitivity to hot, cold or sweets, which may require further treatment, may resolve or may persist.
- No matter what is done, esthetic result (disagreement involving appearance) Exposure of crown margins,
- More exposed root surface due to recession of gum line, Pain in the associated teeth including roots,
- Temporary or permanent numbness, need for proper cleaning technique(s) as explained to remove food between teeth, tooth mobility/loss.

I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION GIVEN TO ME VERBALLY, AND ALL THE QUESTIONS ABOUT THE PROCEDURE HAVE BEEN ANSWERED TO MY SATISFICATION. BY MY SIGNATURE BELOW I CONCENT TO THE TREATMENT DESCRIBED IN THIS PAPER

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