

MSMILINE CLINIC
INFORMED CONSENT FOR PERIODONTAL TREATMENT

Dr. _____ 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 tissues surrounding my teeth (gum tissue), those tissues which attach the teeth to the bone, and the bone itself. I further understand that the causes of periodontal disease are complex and may include a genetic factor, hard and soft deposits on the teeth (plaque, calculus) and various bacteria and their toxins. I realize there may be symptoms such as bleeding gums, swelling infection, bad breath, tooth and root sensitivity, gum recession, loosened teeth (mobility, drifting) and possible loss of teeth. I also realized that this disease may be painless and symptomless. It has been explained to me that treatment of periodontal 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.

Three options for treatment for my periodontal disease were offered as follow:

1. Referral to a periodontist for examination and treatment.
2. Surgical treatment.
3. A non-surgical regime of scaling and root planning to be provided at the office of Dr. _____, which will consist of removal of diseased tissue surrounding the teeth, including diseased cementum (the outer covering of the root surface)and the bacteria plaque and toxins. It will also involve the removal of calculus. Scaling and root planing is 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 proper 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 still may experience loose and possible loss of teeth in the future.

I understand and accept the treatment option of _____ recommended for me by Dr. _____

It has been explained to me that a risk of failure, relapse or worsening of my 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 complication, some of which are listed below.

Treatment risks/ unwanted consequences may be:

- Reaction to medication /anesthetics
- Post treatment bleeding
- Post treatment infection
- Post treatment tissue swelling or bruising
- Increase sensitivity to hot , cold or sweets, which may require further treatment
- Aesthetic results (disagreement involving appearance)
- More exposed root surfaces 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 or loss

I understand that the following complications may occur (if none, indicate “none”):

I have discussed all this with Dr. _____ and all my questions have been considered and addressed.

Patient (parent or guardian)

Date

Dentist

Witness

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

Patient (parent or guardian)

Witness

Date