SEASIDE PERIODONTICS, LLC
Periodontics & Dental Implantology

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PERIODONTAL TREATMENT CONSENT FORM

Diagnosis: After a careful oral examination and study of my dental condition, my periodontist has advised me that I have periodontal disease. I understand that periodontal disease weakens the bone support of the teeth. Pockets caused by separation of the gums from the teeth allow for greater accumulation of bacteria under the gums, and can result in further loss of bone around teeth. If untreated, periodontal disease can cause loss of my teeth, as well as other adverse health consequences.

Recommended Treatment: In order to treat this condition, my periodontist has recommended that my treatment include periodontal surgery procedures. I understand that the area to be treated will be made numb with a local anesthetic. During the procedure, my gum will be moved away from the teeth to permit better access to the roots and the eroded bone. Inflamed and infected gum tissue will be removed, and the root surfaces will be thoroughly cleaned. Bone irregularities may be reshaped. My gum will be sutured back into position, and a periodontal dressing mat be placed. I further understand that unforeseen conditions may call for a modification or change from the anticipated surgery plan; this may include, but is not limited to: *(1) extraction of hopeless teeth in order to enhance healing of adjacent teeth, (2) the removal of a hopeless root of a multi-rooted tooth, so as to preserve the rest of the tooth and/or adjacent bone levels, or (3) placement of bone grafting material in areas of lost bone, if it is advantageous to do so.* (Bone graft material is sterile, and comes from a tissue bank.) During the procedure, I will be informed of any changes from the original treatment plan, and I will be involved in the decision-making process.

Expected Benefits: The purpose of periodontal surgery is to reduce infection and inflammation, and to restore my gum and bone to the extent possible. The surgery is intended to help me keep my teeth, and to make my oral hygiene more effective. It will also enable professionals to better clean my teeth. Treatment should provide benefit in reducing the cause of my condition, and in producing healing which will help me keep my teeth. There exists the risk of relapse of my condition and/or the possible loss of certain teeth, despite the best of care.

Principal Risks and Complications: Because each patient's periodontal condition is unique, all patients do not respond the same to periodontal surgery, and varying levels of long-term success will be experienced. Post-surgery complications such as infection, bleeding, swelling, and pain occur on occasion. The risk of such complications can be minimized if I follow the post-surgery instructions which will be reviewed with me after the surgical procedure. It is possible that more of the tooth may be exposed after final healing has taken place, which may result in increased sensitivity to hot and cold. Such sensitivity usually subsides with time and continued healing. In *rare circumstances*, local anesthesia may cause numbness, which can be temporary or permanent. With any of these complications, I should notify this office.

Alternatives to Suggested Treatment Include: (1) no treatment, *with expectation of advancement of my condition, possibly resulting in premature loss of teeth,* (2) extraction of a tooth or teeth involved with periodontal disease, or (3) non-surgical scraping of the teeth and roots and lining of the gums (Scaling and Root Planing), *with the expectation that this may not fully eliminate deep bacteria and tartar, may not reduce gum pocketing, will require more frequent professional care and time commitment, and may not prevent worsening of my condition and/or premature loss of teeth.*

Necessary Follow-up Care and Self-Care: I understand that I will need to come for appointments following my surgery so that my healing may be monitored. Smoking adversely affects gum healing, and may limit the successful outcome of my surgery. It is important that I see my periodontist and dentist for periodic examinations in the future and for preventive treatment. It is also very important that I maintain a high level of oral hygiene at all times, since periodontal disease can recur in the presence of plaque.

I have read and understand this consent form. By signing below, I am not committing to treatment, but am merely acknowledging that I have reviewed and discussed my periodontal treatment needs and expected outcomes of treatment.

Patient's Signature	Doctor's Signature
Witness	Date