DENTAL SQUARE

8920 Highway 50, Unit E9, Brampton, ON Phone: 905-915-8988

PERIODONTAL SURGERY CONSENT FORM

I_____consent to treatment of myself and or_____
_____by _____ DDS_____. I acknowledge that I have been explained the nature of my /and or their problem and the potential treatments that could be used for this problem. I understand them to be as follows:

1. Non-surgical periodontal treatment (Scaling, Root Planing and Recall) ONLY.
   Consequences, risks explained
2. Specialist referral
2. Monitor if not hurting / troubling at this time (Consequences, risks explained)
3. No treatment

Sedation dentistry – Declined / Consented

I further acknowledge that the normal course of treatment with respect to proposed and planned treatment has been explained to me as well as normal sequelae, risks and complications.

1. Infection, swelling, paresthesia (numbness) of nerves due to LA
2. Denudation of roots due to inadequate bony support post-surgery as well as increased mobility of teeth
3. Once infected portion is dried, gums shrink and more teeth surface is seen - teeth look extruded
4. Increased sensitivity to root dentin exposure post-surgery (Mostly temporary and can be relieved with appropriate desensitizers)
5. All the hopeless and questionable prognosis teeth may need to be eventually removed and replaced with prosthesis at the patient's expenses. The objective of the proposed periodontal surgical procedures is to - A. Restore some of the lost health and NOT TO completely treat the existing gum problems. B. Prolong the longevity of teeth and NOT TO fix everything
6. Periodontal regeneration is not the primary objective of the proposed treatment but to decrease the disease load and improve periodontal health
7. There would be a definite need for increased patient's home Oral hygiene care and increased frequency of hygiene visits to the dentist. All post-operative and maintenance instructions would be provided to the patient
8. In the event of further need for advanced treatment / review in future, patient may be referred to a specialist or patient may choose to do so

Signature: Patient or Guardian: ……..

Witness: …… ***Date***: ……