

CONSENT FOR PERIODONTAL DISEASE TREATMENT (SCALING & ROOT PLANING)



I have the right to be informed about my diagnosis and planned treatment so that I can make a decision to undergo treatment after knowing the expectations and risks involved.

This Consent for Periodontal Disease Treatment is given to Dr. Michelle Tsai DDS ("the Dentist") after first having been provided with a full explanation of my diagnosis, the proposed treatment, the alternatives, benefits, and risks of the proposed treatment, and the opportunity to ask questions.

DIAGNOSIS

The Dentist has explained that I have been diagnosed with periodontal disease, and that the type of periodontal disease that I have is:

☐ Type I Gingivitis

☐ Type III Moderate Periodontitis

☐ Type II Early Periodontitis

☐ Type IV Severe Periodontitis

Periodontal disease is a chronic infection of the tissue and bone that surrounds and supports the teeth. Periodontal disease is usually caused by plaque, which is a sticky bacteria that forms on the teeth. Plaque creates toxins that can damage the gums and bone surrounding the teeth.

PLANNED TREATMENT

The Dentist has recommended that I have scaling and root planning. This procedure is a deep cleaning, during which the Dentist/Hygienist will scrape off tartar from above and below the gum line, and smooth the tooth root to remove bacteria that causes periodontal disease. The Dentist may recommend, prescribe, or use medications during the procedure to help control the bacteria. The Dentist may give me a local anesthetic to help reduce pain during the procedure.

The Dentist may recommend that I have treatment in addition to scaling and root planning. If my infection persists after my scaling and root planning, I may need to return for additional treatment, which may include surgery such as flap surgery or bone and tissue grafts.

ALTERNATIVES

No treatment. If I choose not to have any treatment for my periodontal disease any of the following may occur: gum recession, bad breath, inability to perform adequate dental hygiene, abscesses or infection, pain, poor chewing, tooth sensitivity, tooth movement looseness or premature loss of teeth, shifting of teeth, loss of supporting bone, shrinkage of supporting gum tissue, limited function, and worsening of my periodontal disease. Non-treatment could allow the infection to spread systemically.

Extraction. An alternative to scaling and root planning is extraction of the tooth or teeth involved with periodontal disease. If the tooth is extracted and not replaced, the empty space may create problems in tooth alignment because of shifting of adjacent or opposing teeth. The missing tooth may be replaced by a fixed bridge, implant, or partial denture, and this may involve dental work on adjacent teeth.

BENEFITS

Scaling and root planning helps to reduce the bacteria that causes periodontal disease. The procedure also helps to reduce bleeding, bad breath, pus, swelling, and discomfort associated with the disease.

Scaling and root planning helps the gum tissue to heal and helps makes it harder for plaque to accumulate along the root surfaces.

Scaling and root planning may eliminate the need for surgery, although surgery may still be necessary depending on the severity of my periodontal disease.

RISKS

Complications associated with this procedure include, but are not limited, to the following:

- A possibility of pain, swelling, and infection
- Numbness or changed feelings in the teeth, gums, lip, chin, and/or tongue, which may persist for several weeks or months, and in some cases may be permanent
- The use of prescription drugs during treatment may result in unexpected drug reactions
- Discomfort, swelling, and/or restricted jaw opening, which may persist for several days or longer following treatment
- Because of bone loss, spaces between teeth may appear once swelling goes down
- Tooth sensitivity
- Gums may shrink following this procedure, resulting in more exposure of tooth structure and/or larger spaces between teeth

Sometimes, infection persists following treatment. Additional treatment, including surgery such as flap surgery or bone and tissue grafts, may be necessary.

Periodontal disease is chronic and progressive. If untreated, it can result in spreading infection, loss of teeth, and systemic disease.

There is no guarantee of a successful outcome.

CONSENT

By signing this consent form, I acknowledge that I have read and understand this Consent for Periodontal Disease Treatment, and that I have asked and had answered all of my questions, if any, in a satisfactory manner.

I have read and understand the risks and complications with the periodontal disease treatment.

I understand that the potential risks are not limited to those described above.

I understand that there is no guarantee of a successful outcome.

I understand that this is an elective procedure, and that I have a choice of other forms of treatment or no treatment at all.

I authorize the Dentist to perform periodontal disease treatment, as described above.

Signature of Patient or Authorized Signer

Date

Printed Name of Patient

If this Consent is signed by a personal representative on behalf of the patient (for example, a parent or guardian), describe his/her relationship to the patient and authority to act on behalf of the patient:

Relationship to Patient and basis of authority to act: _____