

Kings Ranch Dental Care/Meridian Dental Care

Patient _____ Date _____

CONSENT FOR NON-SURGICAL PERIODONTAL TREATMENT

PURPOSE OF THE PROCEDURE:

My mouth is infected with the bacteria which causes gum disease (periodontitis). These bacteria colonize in the gum pockets surrounding the teeth and have attached to the root surfaces. This accumulation of bacteria is commonly known as calculus. Calculus harbors bacteria and acts as an irritant to help promote further destruction of bone and progression of periodontal pockets. Root planning, or deep cleaning, removes plaque (live bacteria) and calculus from the pocket and allows the gum to heal back to the root surface. Root planning may eliminate the need for gum surgery, though surgical therapy may still be required due to the severity of my bone loss and gum disease.

OUTCOMES FROM THE PROCEDURE:

My teeth may look much cleaner and stains will be removed. My gums will appear healthier as there will be a reduction in bleeding, bad taste, bad breath, pockets, pus/swelling, and discomfort. Many times swollen gums will shrink in the absence of this infection process. As a result, roots may become exposed resulting in temporary sensitivity. In rare cases, sensitivity persists. Because of my bone loss, spaces between the teeth may appear once the swelling of the gums reduces. Patients typically become accustomed to this. Exposure of crown (caps) metal margins from restorations may occur and cause an esthetic concern. Loose or damaged fillings and/or crowns may be loosened, fall out, or require replacement by your dentist. I understand that some patients do not respond successfully to non-surgical therapy despite our best efforts. This treatment may not be successful in saving the teeth, function, or appearance. Because each patient's condition is unique, long-term success may not occur.

RISKS RELATED TO THE PROCEDURE:

I understand that complications may result from the non-surgical therapy, drugs, or anesthetics. These complications include, but are not limited to post-surgical infection, bleeding, swelling and pain, facial discoloration, transient but rarely permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but rarely permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, tooth mobility, infection, bleeding, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days, impact on speech, allergic reactions, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, may require further treatment, and may be irreversible.

ALTERNATIVES TO THE PROCEDURE:

I understand that alternatives to non-surgical periodontal therapy with or without medications include 1) no treatment [with the expectation of possible advancement of my condition which may result in premature loss of teeth], and 2) extraction of teeth involved with periodontal disease [with the understanding that extractions reduce function and esthetics and may contribute to further bone loss and soft tissue loss in the extraction site or adjacent teeth].

NO WARRANTY OR GUARANTEE:

I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed procedure. There exists the risk of failure, relapse, selective retreatment, or worsening of my present condition, including the possible loss of certain teeth with advanced involvement, despite the best of care. The patient must be dedicated to long-term periodontal maintenance to allow the best success possible with periodontal surgery.

FOLLOW-UP AND SELF-CARE:

The second part of non-surgical therapy is always oral hygiene instruction followed by a thorough evaluation of the results from non-surgical care. Dr. Hulme will evaluate my pockets and gum condition. If inflammation or deep pockets persist, further treatment will be recommended. This could include further non-surgical care, periodontal surgery, antibiotics, or other adjunctive procedures. Periodontal maintenance (cleanings) visits are vital to the success of any periodontal treatment plan-typically every three months. Failure to do so could result in failure or recurrence of your disease process and possible tooth loss. Failed or failing fillings and/or crowns must be treated by my dentist. If tooth infection or breakdown is not treated, it could lead to pain, further infection, and/or bone and tooth loss.

Consent for Non-surgical Periodontal Treatment

CONSENT TO UNFORESEEN CONDITIONS:

I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, Dr. Hulme cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care. Records: I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

COMPLIANCE WITH SELF-CARE INSTRUCTIONS:

I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my procedure. I agree to follow instructions related to the daily care of my mouth and to the use of prescribed medications. I agree to report for appointments as needed following my procedure so that healing may be monitored and the doctor can evaluate and report on the success of the treatment provided.

PATIENT'S ENDORSEMENT:

My endorsement (signature) to this form indicates that I have read and fully understand the terms used within this document and the explanations referred to or implied. After thorough consideration, I give my consent for the performance of any and all procedures related to periodontal flap surgery as presented to me during the consultation and treatment plan presentation by the doctor or as described in this document.

NO WARRANTY OR GUARANTEE:

I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed procedure. There exists the risk of failure, relapse, selective retreatment, or worsening of my present condition, including the possible loss of certain teeth with advanced involvement, despite the best of care. The patient must be dedicated to long-term periodontal maintenance to allow the best success possible with periodontal surgery.

FOLLOW-UP AND SELF-CARE:

The second part of non-surgical therapy is always oral hygiene instruction followed by a thorough evaluation of the results from non-surgical care. Dr. Hulme will evaluate my pockets and gum condition. If inflammation or deep pockets persist, further treatment will be recommended. This could include further non-surgical care, periodontal surgery, antibiotics, or other adjunctive procedures. Periodontal maintenance (cleanings) visits are vital to the success of any periodontal treatment plan-typically every three months. Failure to do so could result in failure or recurrence of your disease process and possible tooth loss. Failed or failing fillings and/or crowns must be treated by my dentist. If tooth infection or breakdown is not treated, it could lead to pain, further infection, and/or bone and tooth loss.

Patient's Signature

Date

Signature of Witness

Date