ASSOCIATES IN DENTISTRY

IMPLANTS

&

General Dentistry

CONSENT FOR PERIODONTAL SURGERY

PATIENT NAME: _____ Date: _____

Teeth #'s _____

Diagnosis: After careful oral examination and study of my dental condition my dentist has advised me that I need periodontal surgery which may include bone grafting and APRF, which will be explained to you by your dentist or dental staff.

Principal Risks and Complications: These complications include, but are not limited to post-surgical infection, bleeding, swelling and pain, facial bruising, transient but on occasion permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, increased tooth looseness, tooth sensitivity to hot, cold or sweet, or acidic foods, shrinkage of the gum upon healing resulting in elongation of adjacent teeth and greater spaces between some teeth. The exact duration of any complications cannot be determined, and they may be irreversible.

Alternates to Suggested Treatment: I understand that alternatives to periodontal surgery include no treatment with the expectation of advancement of my condition which may result in premature loss of teeth.

I will need to come for appointments following surgery so that my healing may be monitored and so that my dentist can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important 1.) To abide by the specific prescriptions and instructions given to me by the dentist and 2.) To see my dentist for periodic examination and prevention treatment.

_____ _____

Patient Signature Date

I have been fully informed of the nature of periodontal surgery, the procedure to be utilized, the risks and benefits, the alternative treatments available, and the necessity for the follow up and self care. I have had the opportunity to ask any questions I may have in connections with the treatment and to discuss my concerns with my dentist. After thorough deliberation, I hereby consent to the performance of periodontal surgery as presented to me during consultation and in the treatment plan presentation.

I CERTIFY I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

_____ _____

Patient Signature Date

_____ _____

Witness Date