

Patient's Information

## Discussion and Consent for Periodontal (Gum) Treatment

Surnam	ne [	]	Forename [	]	
Date of	Birth [	]			
Addres	s [			]	
treatm	ent recommer ation, in a way	vith this information and cornded for me. Before beginning I can understand, to make a	ng, I wish to be provide	ed with sufficient	t
		ay ask any questions I wish, a er about it after treatment ha		ask them before	e treatment
Nature	of the Recom	mended Treatment			
	een recomme d for me):	nded that I have the followir	ng periodontal treatme	ent (all that appl	y have been
	Gingivectomy Periodontal k Soft tissue gr	ne) surgery and recontouring y (recontouring) pone graft		1	
Teeth c	or areas of eac	h recommended treatment:	[	]	
other d	iagnostic tests ntal history. Th	n is based on visual examinat s, any models or photos take ne treatment is necessary be	n, and on my doctor's	knowledge of m	y medical
	Localized chr Gingivitis/gin Generalized a	aggressive periodontitis ressive periodontitis			1



Teeth or area that applies to each diagnosis: [ ]					
I have been informed that periodontal diseases are infections that affect the tissues and bor support teeth. I have been informed that other factors can affect my periodontal disease an progression, including the condition of my dental restorations, certain diseases (such as diable theart disease), habits (tobacco use), and medications.	d its				
Factors specifically affecting me include: [					
The intended benefit of this treatment is to improve the health of my gums and teeth and to try to retain my natural teeth as long as possible. Other benefits may include: [					
The prognosis, or likelihood of success, of this treatment is: [					
My treatment is estimated to take [ ] visits to complete, and is estimated to cost $f$ [ ].					
Alternative Treatments					
The treatment recommended for me was chosen because it is believed to best suit my need understand that alternative ways to treat my periodontal dental condition include: [	s. I				
☐ No other reasonable treatment option exists for my condition.					
[Forename/Surname], I have had an opportunity to ask questions about these alternatives a other treatments I have heard or thought about, including [	nd any ].				

## Risks of the Recommended Periodontal Treatment

I understand that no dental treatment is completely risk-free and that my dentist would take reasonable steps to limit any complications of my treatment. I understand that some after-treatment effects and complications tend to occur with regularity. These include tooth sensitivity, pain from treatment, infection, swelling, dark spaces between teeth where there is no longer any gum tissue, and changes in how long my teeth appear (due to recontouring). I understand that as the health of my gum tissue improves, the tissues may shrink or recede: this is a normal reaction to treatment. This change may make some previous dental restorations (crowns, fillings) more noticeable and they may need to be replaced to make them more cosmetically acceptable. I understand that I may be given a local anaesthetic injection and that in rare situations, patients have had an allergic reaction to the anaesthetic, an adverse medication reaction to the anaesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. I understand that the injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from the anaesthetic injection. Other risks of my treatment include:

## **Risks of Not Having the Recommended Periodontal Treatment**

I understand that complications to my teeth, mouth, and/or general health may occur if I do not proceed with the recommended treatment. These complications include:

Pain Bleeding Swelling Mouth odor Tooth mobility Tooth loss Additional infection Complication of other health issues (such as diabetes, heart disease, stroke) Inability to proceed with other dental care Other: [ ]
[Forename/Surname], I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about.
Acknowledgment
I, [Forename/Surname], have received information about the proposed periodontal treatment. I have discussed my treatment with Dentist and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, the risks of the recommended treatment, and the risks of refusing treatment.
I wish to proceed with the recommended periodontal treatment.
[Forename/Surname], I understand this treatment can also be performed by a periodontist (a specialist in the treatment of periodontal disease and placement of dental implants). I understand the risks and elect to have this procedure performed by Dentist [ ]. I understand that if any unexpected difficulties occur during treatment, I may be referred to a periodontist for further care.
Forename
Surname
Signed