

## SCALING AND ROOT PLANNING PATIENT INFORMATION AND CONSENT FORM

(Initials \_\_\_\_\_) **Diagnosis:** After careful examination of my condition I have been informed that I have periodontal disease. I understand that periodontal disease weakens the support of my teeth by separating the gum from the teeth and possibly destroying some of the bone that supports the tooth roots. The pockets caused by this separation allows for greater accumulation of bacteria, plaque, and tarter under the gum and can result in further erosion or loss of bone and gum supporting the roots of my teeth. I have also been made aware of the fact that if left untreated, periodontal disease can cause me to lose my teeth and I can have other adverse consequences to my general health.

(Initials \_\_\_\_\_) **Recommended Treatment:** In order to treat my periodontal condition, the Doctor has recommended that my treatment include SRP to remove the inflamed and infected tissue and to thoroughly clean the roots with the ultrasonic scalers and hand scalers (Ultrasonic scalers my adversely affect how a cardiac pacemaker functions). The use of Antibiotics (Arestin) and antibacterial rinses is also an important part of the procedure and must be taken as prescribed.

(Initials \_\_\_\_\_) **Principal Risk and Complications:** Any time the oral soft and hard tissues are manipulated, whether by drill, scalpel, or laser, there is always a possibility and risk of unexpected and undesirable side effects. These complications, although rare, include and are not limited to: post-surgical infection, swelling, bleeding, headache, TMJ pain, tooth/gum pain, tooth sensitivity to hot, cold, sweets: shrinkage of gum tissues, muscle soreness, soft tissue numbness, and cracking of the corners of the mouth. It is important to note here that in spite of observing every possible reasonable precaution- prior to nerve damage, infection, tooth trauma may have pre-existed in a tooth as an asymptomatic, chronic state. Dental procedures in general can sometimes turn a chronic, pre-existing problem in a tooth to an acute one. I therefore understand that complications that sometimes arise in the teeth after any type of dental or gum treatment may not have occurred as a direct result of the periodontal treatment.

(Initials \_\_\_\_\_) **Expected Results and No Guarantee:** There is no method currently available that will predict how the gum and bone will heal following any periodontal procedure. I understand that some aggressive and/or more persistent forms of gum disease may require a second procedure (Laser or conventional) if the initial results are not satisfactory. In addition, the success of any periodontal procedure can be affected by other factors such as: pre-existing medical conditions, failure to comply with post surgical instructions, and non-compliance in the wearing of occlusal guard if one is recommended.

(Initials \_\_\_\_\_) **Expected Benefits:** The purpose of SRP, and other periodontal procedures is to reduce the infection and inflammation associated with gum disease by reducing the amounts of harmful bacteria present in the gum pockets. This has been shown in studies to contribute to other health problems such as heart disease, stroke, respiratory diseases and pre-term child births. Studies also indicate that the rate of periodontal deterioration may be significantly increased in periodontal patient who also have osteoporosis or diabetes. With diabetic patients, not only are they more prone to gum disease, but the gum disease itself may also make it more difficult for them to control their blood sugar levels. Additional benefits of laser periodontal therapy include minimal post-op pain and swelling in most cases, reduce halitosis (bad breath) an increase sense of well-being.

(Initials \_\_\_\_\_) **Necessary Follow-up Care and Self-Care:** I understand that the success of any periodontal procedure is extremely dependant on the good home-care and regular 3-month maintenance visits. Failure to comply with the follow-up visits and self-care may result in treatment failure and relapse to the present condition. The periodontal protocol that the Doctor is recommending for you will provide your gums with the environment it needs to stimulate healing. It is up to you to maintain that environment in order to realize treatment success. I have read and agreed to the foregoing. I have had the opportunity to ask treatment related question and have been advised of the risk and benefits of treatment. I understand that it is necessary to complete all phases of recommended treatment and agree to do so.

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Signature of Patient (If minor, Parent/Guardian Signature) Date: \_\_\_\_\_