

Consent to perform periodontal cleaning

I, _____, have been informed that I have periodontal disease, and the progression of this disease has been explained to me. As a result, I fully understand the following regarding periodontal disease:

1. This disease has resulted in the loss of bone that normally supports the teeth.
2. To help prevent further loss of bone around my teeth, I must prevent buildup of live bacteria called “bacterial plaque” on a daily basis, and it is my responsibility to schedule regular dental checkups and cleanings after treatment for periodontal disease is complete.
3. The proposed treatment plan is intended to arrest the effects of periodontal disease and has been explained to me. I understand that further treatment may be needed, if additional problems develop.
4. As a result of periodontal root planing and curettage:
 - a) The gums will be more receded where cleaned, and portions of the roots will be exposed post cleaning.
 - b) The exposed roots will be more sensitive to hot, cold and/or sweets. This problem usually corrects itself in about six months. Occasionally, further treatment may be needed. On rare occasions, this condition persists despite treatment.
 - c) The exposed roots, being more porous, will stain more easily than the crowns of teeth.
 - d) Food will collect more easily between teeth after meals.
 - e) The teeth may be looser immediately after cleaning. This occasionally persists indefinitely on isolated teeth where more bone loss has taken place. Normally, the teeth will eventually be about as loose as they were pre-operatively.
 - f) If significant bone loss has occurred around upper front teeth, speech may be slurred postoperatively. In severe cases, an appliance may be needed to replace missing gum tissue around the front teeth for aesthetics and to correct this speech problem.
5. Failure to follow these recommended actions will most likely result in continued bone loss with probable periodontal abscesses and eventual tooth loss.
6. After an appropriate healing period, the status of periodontal disease will be re-evaluated. At that time, referral to a periodontist for periodontal surgery may be indicated.

I am aware that the practice of dentistry is an inexact science, and I acknowledge that no guarantees regarding the outcome of the periodontal cleaning have been made to me. The risks involved in the administration of anesthetics, sedative agents and the surgery itself have been fully explained to me, and I do give my free voluntary informed consent to the same.

Patient signature Date _____

Printed name

Dentist signature Date _____