

PATIENT: _____
DATE: _____

PERIODONTAL ROOT PLANING INFORMED CONSENT

PURPOSE OF THE TREATMENT:

Periodontal disease is caused by plaque that affects the gums and supporting bone of the teeth. Bleeding upon brushing or flossing, soreness or changes in colour or shape of the gums, receding gums, foul odour or bad breath are indications of the onset of periodontal disease.

Periodontal disease does not have a cure, but treatments that arrest the progress of the disease can prevent further damage. Treatment varies dependent upon the severity of the case.

I have been informed that I have deep periodontal pockets that are a cause of concern. Deep periodontal pockets undermine the health of my gums and allow plaque and tartar build-up. The recommended treatment is periodontal root planing.

BENEFITS OF THE TREATMENT:

The progression of the disease will be arrested and the gums and supporting bone will be healthier. Lost bone and gums cannot be regenerated easily but some surgical procedures do exist.

RISKS OF THE TREATMENT:

Infection, increased sensitivity to hot or cold, or a new gum-line are possible. Should they occur, pain medication and/or drugs, and follow-up treatment, may be prescribed.

ALTERNATIVES TO THE TREATMENT:

The only alternative to periodontal treatment is the extraction of the tooth, or nothing at all. The disease will progress in teeth that are compromised by the presence of dental plaque and deposits on the roots. These teeth will suffer infection, and will become loose and no longer function satisfactorily. Periodontally infected teeth cannot be used for crowns, bridges, or supports for dentures, and may eliminate bone necessary to house dental implants.

I hereby authorize Dr. Bruno Paliani to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment.

Gums or tissues involved in the anaesthetic injection may be sore for several days following treatment. In addition, if freezing involves the lower jaws, there may be difficulty opening the jaw. The soreness and stiffness will dissipate with time. Swelling of the tissues around the injection site is possible and can be treated by applying pressure and cold (ie. ice) to the area of swelling for a minimum of 1-2 minutes. Transient facial paralysis is a rare possibility upon anaesthetic injection, but it will resolve itself without any future implications.

I have had the purpose, reasonable risks, benefits and alternatives, if any, to the procedure(s) explained to

me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions.

I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by Dr. Bruno Paliani to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which Dr. Bruno Paliani may deem proper in the interest of dental education, knowledge or research.

The dental fees of the procedure have been outlined clearly and I agree to comply with the office's payment policy.

PROFESSIONAL FEE

LAB FEE (approx.)

TOTAL FEE (approx.)

DATED at London, Ontario, this

day of

SIGNED:

PATIENT

WITNESS:

SIGNED:

Parent, Guardian or Nearest Kin if patient
is under the age of 18