



## **Discussion and Informed Consent for Non-Surgical Periodontal Treatment**

### **Facts for Consideration/ Patient's initials required**

\_\_\_\_\_ An examination of your oral cavity includes measuring the pockets under the gums surrounding the teeth to determine which periodontal treatment(s) your gum condition requires. Dental x-rays will be taken to check the condition of the bone that supports your teeth.

\_\_\_\_\_ Periodontal (gum) treatment is intended to remove the bacterial substance known as plaque, which is the principal cause of periodontal disease and calculus, which is an accumulation of hard deposits on the tooth above or below the gingival margin.

\_\_\_\_\_ The treatment involves scaling, which uses sharp hand instruments and ultrasonic scaler to remove calculus, plaque, and bacteria; curettage involves scraping and removing any necrotic (dead) tissue, cleans the area or pocket, and root planing smooths and contours the root surfaces to remove the debris and cementum found in the periodontal pocket. Medications or a special mouth rinse can be used to help control the growth of bacteria, may also be part of the treatment.

\_\_\_\_\_ The success of treatment depends in part on your efforts to brush and floss daily, receive regular periodontal maintenances as directed, follow a healthy diet, avoid tobacco products and follow proper home care taught to you by this office.

### **Use of Local Anesthesia**

\_\_\_\_\_ Anesthetizing agents (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.

\_\_\_\_\_ Risks include but are not limited to: It is normal for the numbness to take time to wear off after treatment, usually four to six hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.

\_\_\_\_\_ Potential benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

\_\_\_\_\_ For ALL female patients: Because anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, every female must inform the provider if she could be or is pregnant. Anesthetics, medications and drugs may affect the behavior of a nursing baby. In either of these situations, the anesthesia and treatment may be postponed.

### **Benefits of Non-Surgical Periodontal Treatment, Not Limited to the Following:**

\_\_\_\_\_ Regular, professional dental cleanings create a clean environment in which your gums can heal; reduce the chances of further irritation and infections; make it easier for you to keep clean; and decreased the cost of replacing teeth lost due to gum disease.

**Risks of Non-Surgical Periodontal Treatment, Not Limited to the Following:**

\_\_\_\_\_ I understand that one of the effects of treatment is that my gums may bleed or swell and I may experience moderate discomfort for several hours after the anesthesia wears off. There may be soreness for a few days, which may be treated with over-the-counter pain medication/anti-inflammatories. I will notify the office if conditions persist beyond a few days.

\_\_\_\_\_ I understand that because cleanings involve contact with bacteria and infected tissue in my mouth, I may also experience an infection, which may require antibiotics.

\_\_\_\_\_ I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult to open wide for several days, sometimes referred to as trismus. However, it can occasionally be an indication of a more significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

\_\_\_\_\_ I understand that after treatment, as my gum tissues heal, they may shrink somewhat, exposing some of the root surface. This could make my teeth more sensitive to hot and cold. I understand that additional surgical procedures are available to treat the exposed areas.

\_\_\_\_\_ I understand that depending on my current dental condition, existing medical problems, or medications I may be taking, these periodontal treatment methods alone may not completely reverse the effects of gum disease or prevent further problems.

\_\_\_\_\_ I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist or dental hygienist of all medications I am currently taking and any medical conditions I have. I attest that my medical history is up to date and accurate so that my dentist may ensure my safety during the procedure.

\_\_\_\_\_ I understand that smoking can adversely affect the outcome of the periodontal therapy suggested and that final results achieved by the periodontal therapy can be lessened or can cause the outright failure of the treatment by the fact that I have had a recent history of smoking.

\_\_\_\_\_ I understand that every reasonable effort will be made to ensure that my condition is treated properly, although it is not possible to guarantee the results. By signing below, I acknowledge and I have received adequate information about the proposed treatment, that I understand this information, and that all of my questions have been answered to my satisfaction.

**Consequences if No Treatment is Administered, Not Limited to the Following:**

\_\_\_\_\_ I understand that if no treatment were administered or ongoing treatment was interrupted or discontinued, my periodontal condition may continue and probably will worsen. This could lead to further inflammation and infections of gum tissues, tooth decay, above and below the gumline, deterioration of bone surrounding the teeth and eventually, the loss of teeth.

**Alternatives to Non-Surgical Periodontal Treatment, Not Limited to the Following:**

\_\_\_\_\_ I understand that surgical methods and/or a referral to a gum specialist may also be prescribed to help control my gum disease. I have discussed with my dentist the alternatives and possible associated expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

Alternatives discussed: \_\_\_\_\_

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the conditions listed above.

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**Initial only one of the spaces below that applies to you:**

\_\_\_\_\_ I have had my questions answered to my satisfaction. I consent to have Dr. Mark Poitras perform the treatment as discussed. I authorize and direct this dentist, with his associates, to do whatever they deem necessary and advisable under the circumstances.

Or

\_\_\_\_\_ I refuse to give my consent for the proposed treatments(s) as described above and understand the potential for consequences associated with this refusal.

\_\_\_\_\_  
Patients Signature (or Patient's Representative)

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Date

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Patients Signature (or Patient's Representative)

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Date

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Patients Signature (or Patient's Representative)

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Patients Signature (or Patient's Representative)

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Date