GUNNERSON G DENTAL

Informational Informed Consent - Periodontal Surgery and/or Procedures

I understand that **Periodontal Surgery and/or Periodontal Procedures** (treatment involving the gum tissues and other tissues supporting the teeth) include risks and possible unsuccessful results from such treatment. Even though the utmost care and diligence is exercised in the treatment of periodontal disease and associated conditions, there are no promises or guarantees as to anticipated results. I agree to assume those risks and possible unsuccessful results associated with, but not limited to the following:

1. Response to Treatment: Because of many variables within each patient's physiological make-up, it is impossible to precisely determine whether or not the healing process in which tissue response is a vital element will achieve the results desired by the attending dentist and hygienist as well as the patient. Should the desired results not be attained, extraction of teeth may be required despite efforts to save them.

2. Postoperative Patient Responsibility for Care: With the types of treatment required in correcting periodontal problems, it is mandatory that the patient exercise extreme diligence in performing the home care required after treatment as instructed by the treating dentist and/or hygienist. Without the necessary follow-up care by the patient, the probability of unsatisfactory or unsuccessful results is greatly increased.

3. Discomfort and Soreness: Periodontal surgery may be followed by some discomfort and soreness in the gums and bony tissues. Such pain and discomfort is to be expected and instructions will be given as to the methods of controlling the problems of pain and soreness.

4. Bleeding, Bruising, and Swelling: Following periodontal surgery, there are occasions when relatively profuse bleeding may occur. Instructions as to how this may be controlled will be given to you.
Some bruising and/or swelling of the intraoral and facial tissues may occur. If extreme, it is the patient's responsibility to seek medical attention and contact this office.

5. Infection: No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, for infections to occur postoperatively. At times these may become serious. Should severe swelling occur, particularly accompanied with fever or malaise, attention as soon as possible should be received and this office must be contacted. In some cases hospitalization and/or treatment with I.V. antibiotics may become necessary.

6. Reaction to Medications or Anesthetics: Allergic reactions may exhibit themselves which may be of mild to very severe in nature relative to medications, materials, and/or anesthetics. It is the responsibility of the patient to fully inform the dentist or hygienist of any past allergic reactions to both dental treatment and medications.

7. Injury to the Nerves: There is a possibility of injury to the nerves of the lips, jaws, teeth, tongue, or other oral or facial tissues from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which may occur is usually temporary, but in rare instances could be permanent.

8. Gum Recession and Tooth Sensitivity: As a result of periodontal treatment or gingival (gum) surgery, gum tissues may shrink or recede exposing the edge or margins of crowns and bridges, creating an unaesthetic or unsightly appearance. Additionally, spaces may be created between the teeth that were not there previously. It may be necessary to replace pre-existing crown and bridgework as a result of shrinkage and recession. Additionally, root surfaces may be exposed which increase the sensitivity of the teeth and may also require additional procedures to alleviate.

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I understand that it is my responsibility to seek attention should any undue circumstances occur postoperatively and the patient shall diligently follow any preoperative and postoperative instructions given them, including the scheduling and attending of each and every appointment.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of **Periodontal Treatment and/or Periodontal Surgery** and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No promises or guarantees have been made to me concerning my recovery and results of the treatment. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize this practice and/or their hygienists or associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications. I understand it is my responsibility to notify the dentist and/or his associates of ALL the medications I am currently taking.

Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: [ ]

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: [ ]