

CONSENT TO PERFORM ADVANCED TISSUE PREPARATION

I, NOTES NOTES, the undersigned have been informed that I have periodontal disease, and that this disease process has been explained to me and that I fully understand the following:

1. This disease has resulted in the loss of bone which normally supports the teeth.
2. To help prevent the 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 the regular dental checkups and cleanings after treatment is complete.
3. The proposed treatment plan to arrest the effect of periodontal disease that has been explained to me and I understand that additional treatment may be needed later if further problems develop.
4. As a result of advanced tissue preparation:
 - a. The gums will be slightly 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 no matter what is done.
 - c. The exposed roots, being more porous, will stain more easily than the crowns of teeth.
 - d. Food will collect more easily between the 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 the upper front teeth, speech may be slurred post-operatively. In more severe cases, an appliance may be needed to replace missing gum tissue around the front teeth for esthetics and to correct this speech problem.
5. Failure to follow these recommended actions will most likely result in continued bone loss with probably periodontal abscesses and eventually, tooth loss.
6. Once the active phase of treatment is complete and health has been restored, it is extremely important that the patient visits with the hygienist for routine dental and periodontal maintenance on the recommended schedule. This regimen, along with diligent home hygiene, will give the best chance for preventing recurrence of disease and maintaining long term periodontal health.
7. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me.

The risks involved in the administration of anesthetics, sedative agents and the procedure itself have been fully explained to me and I do give my free voluntary informed consent to the same.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date