

**Informed Consent for Dental Laser Therapy (LANAP)**

1. I understand there is no guarantee of success or permanence of the treatment.
2. I understand that periodontal disease is a chronic condition and may require future treatment.
3. I understand that dental conditions in my mouth can change and alter the proposed treatment plan.
4. I understand that any time teeth are manipulated, whether by a mechanical drill or laser, there is always the possibility and risk that Root Canal Therapy may be necessary. I realize that, in spite of observing every reasonable precaution, prior nerve damage, infection or tooth trauma may have pre-existed in the tooth.
5. I understand that anytime that soft tissue is manipulated, whether by traditional dental technology, or laser dentistry, there is always a possibility and risk of unexpected and undesirable side effects.
6. I understand that spaces between my teeth can develop due to reduction of inflammation and the removal of diseased tissue after the LANAP treatment. These spaces usually fill in over time, and bite adjustment is critical to making sure the teeth and papilla (peaks of gum tissue between teeth) are not traumatized and can regrow.
7. I understand that occlusal equilibration must be maintained after laser therapy, and that it requires my 100% cooperation and compliance (wearing a night guard if needed, keeping appointments for occlusal adjustments). I understand that if dental crowns require occlusal adjustment (finely grinding down areas on biting surfaces to evenly disperse pressure), it may involve removing porcelain and exposing metal and/or tooth structure, requiring the replacement of any or all crowns.
8. I understand that this office is performing this treatment in my best interests.
9. I have read and agreed to the foregoing. I have had the opportunity to ask treatment related questions and have been advised of the risks and benefits of treatment, including the use of local anesthesia, sedation and dental lasers.
10. I understand that it is necessary to complete all phases of recommended treatment including all post-op, occlusal adjustments and maintenance visits, and agree to do so.

You or your responsible party will have the opportunity to sign an electronic copy of this form when you arrive at our office for your appointment.