

Informed Consent for Periodontal Maintenance

Purpose of periodontal maintenance: To prevent the progression and recurrence of periodontal disease. I understand that additional treatment may be needed if problems occur in the future.

Alternative Treatment: The following reasonable alternatives to periodontal maintenance have been explained to me:

- Increasing the frequency of regular cleanings with your general dentist.

Risks and Complications: I understand that the risks and complications include, but are not limited to:

- Gum recession, potentially exposing the roots.
- Exposed roots may become more sensitive to hot, cold and/or sweets; however, these symptoms usually subside within six months. Occasionally, further treatment may be needed to help alleviate the symptoms. On rare occasions, this condition may persist despite treatment.
- Exposed roots, being more porous, may stain more easily than the crowns of teeth.
- Food may collect more easily between the teeth after meals.
- Fillings and/or crowns may be damaged during the cleaning; however, this is unlikely. In cases where this does occur, it is often a fault with the crown/filling itself as they are made to withstand regular dental cleanings.

Risks and Complications of local anesthetic use (if applicable): I understand that the risks and complications associated with the use of local anesthetic include, but are not limited to: Nerve injury, which may occur from the delivery of local anaesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve, but in some cases may be permanent.

No Warranty or Guarantee: I understand that the doctor and/or hygienist cannot guarantee the results of the procedure.

Compliance with Self-Care Instructions: In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

I understand that excessive smoking may affect healing, and lead to suboptimal results.

I agree to follow all instructions provided to me by this office, take medication(s) as prescribed, practice good oral hygiene by preventing buildup of live bacteria called "bacterial plaque" on a daily basis, keep all appointments, make follow-up appointments if complications arise and complete care. I will inform my doctor of any post-operative problems as they arise. My failure to comply could result in complications or less than optimal results.

Supplemental Records and Their Use: I consent to photography, filming, recording, and x-rays of my oral structures as related to these procedures, and for their educational use in courses, examinations, or publications, provided my identity is not revealed.

Patient's Endorsement: My endorsement (signature) to this form indicates that I have read and fully understand the terms and words within this document and the explanations referred to or implied. After thorough deliberation, I give my consent for the performance of periodontal maintenance as presented to me during the consultation and treatment plan presentation by the dentist.

Signature of Responsible Party

Date

Patient's Name

Relationship to Party (if Responsible Party is not Patient)