GREEN DENTAL
CHANGING FACES, CHANGING LIVES

Consent for Periodontal Treatment

After a careful oral examination and study of my oral condition, my dentist has advised me that I have periodontal disease. Periodontal disease is caused by bacteria, bacterial toxins, and food debris from not being properly cleaned between the teeth. Sometimes periodontal disease can be painless, but usually symptoms such as bleeding, sensitive teeth or gums, swelling or recession of gum tissue, loosened teeth, elongated teeth, bad breath, and mouth soreness may be noticed. Periodontal disease weakens the support of teeth by separating the gum from the teeth and destroying bone that supports the tooth roots. The pockets caused by this separation allows for greater accumulation of bacteria under the gum in hard to clean areas and can result in further erosion or loss of bone and gum tissue supporting the tooth roots. If untreated, periodontal disease can cause teeth to become loose or even fall out, or cause other adverse consequences to overall health.

By signing below, I acknowledge that the above has been explained to my satisfaction, my questions have been answered, and I understand the benefits and risks of periodontal treatment. I am fully aware that a perfect result cannot be guaranteed or warranted. I also understand I must follow all pre-operative and post-operative instructions in order to help achieve optimal results and aid healing in relation to medical conditions, dietary and nutritional problems, smoking, alcohol consumption, inadequate oral hygiene, and medications. I also understand that I may need to come back to see the doctor for follow up care. My signature indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

Patient's name: _____

Signature of patient (or legal guardian): _____

Date: _____