



Patrick S. Burchfield DDS & Gregory M. Melton DDS

4444 Carter Creek Parkway, Suite 101

Bryan, Texas 77802

(979) 846-7799

[www.burchfielddds.com](http://www.burchfielddds.com)

### **Informed Consent for Periodontal Treatment**

Dr. Burchfield/Dr. Melton has explained to me that I have periodontal disease and has recommended treatment options to me.

**\*\*I understand that:**

- ✓ This disease process involves the soft tissues surrounding my teeth (gums), those tissues which attach the teeth to bone, and the bone itself.
- ✓ Causes of periodontal disease are complex and may include a genetic factor, hard and soft deposits on the teeth (plaque and tartar), and various bacteria and their toxins.
- ✓ There may be symptoms such as bleeding gums, swelling, infection, bad breath, tooth and root sensitivity, gum recession, loosened teeth, and possible loss of teeth OR this disease may be painless and symptomless.
- ✓ Treatment of periodontal disease includes the removal of bacterial plaque and tartar. The non-surgical procedure of scaling and root planing will be performed under local anesthetic to reduce the causes of periodontal disease to a more manageable level.
- ✓ My own home care efforts are just as important as my professional treatment. Failure to follow proper home care may also complicate treatment or result in a less effective result.
- ✓ A later referral to a periodontist may still be necessary and there are no guarantees involved in this treatment.
- ✓ I may still experience loose teeth and/or possible loss of teeth in the future.
- ✓ Risk of failure, relapse, or worsening of my periodontal condition may result regardless of the efforts made during treatment and re-treatment is always a possibility. Decreased immune response, tobacco use, and medical status may contribute to the risk for recurrence.
- ✓ Treatment risks include reaction to anesthetic, bleeding, infections, tissue swelling or bruising, increased sensitivity to temperature, exposure of crown margins and exposed root surfaces due to recession of the gum line, pain in the associated teeth, temporary or permanent numbness due to anesthetic.

**\*\*Proposed fees** have been explained to me, as have any third party insurance benefits. I understand that third party benefits may be different than discussed by the treatment coordinator as they are not under control of this office. After scaling and root planing, I will have periodontal maintenance appointments scheduled every 3-4 months until the dentist and hygienist determine that my disease is under control and my home care efforts are adequate for 6 month prophylaxis appointments. **I am aware that my insurance company may not cover the fee for periodontal maintenance and I will be responsible for this charge.**

I have read and understand the above information. My questions have been answered. By my signature bellow, I consent to the treatment described on this paper.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_