

Innovative Dentistry
Informed Consent for Scaling and Root Planning
Angela M Catalano, DMD
7260 S. Cimarron Rd Suite 150 Las Vegas, NV 89113
(702) 407-9990

I _____ understand that I have been diagnosed with periodontal disease. The disease process has been explained to me. I understand periodontal disease is caused by bacterial toxins (poisons) and my host response to these toxins. I realize that this disease may be painless and without severe symptoms, however, mild symptoms such as bleeding, swelling, or recession of gum tissue, loosened teeth, elongated teeth, bad breath, or sensitivity and soreness may be apparent.

Treatment of periodontal disease includes periodontal scaling and root planning. This procedure consists of the hygienist or doctor providing local anesthetic to perform the procedure. Treatment includes removal of calculus, bacterial plaque, bacterial toxins, diseased cementum (the outer covering of the root surface), and diseased tissue from the inner lining of the crevice surrounding the teeth. The purpose of this procedure is to reduce the disease factors, thus providing a level more manageable by my individual immune system. Possible laser therapy will be used when warranted. A six week follow up visit will be performed to reassess your periodontal condition and home care. Periodontal maintenance appointments will occur every 3-4 months after your six week assessment if improvement has been made. These appointments are imperative to maintaining your periodontal condition so regression does occur. Unresponsive areas during any future appointments to this treatment may warrant a referral to a periodontist, in which more extensive treatment may need to be completed, such as periodontal surgery.

Treatment Risks: This treatment may result in unintended consequences, including, but not limited to, bleeding; infection; tissue swelling or bruising; increased sensitivity to hot, cold, or sweets; esthetic changes; exposure of crown margins; exposed root surfaces due to recession of gum line; pain in the associated teeth, including roots; temporary or permanent numbness; and tooth mobility or loss.

Risk Factors: Epinephrine (EPI) can cause increased heart rate, normal when receiving an injection. It should subside in 15 minutes. Anterior region injections can hit the nerve artery and cause a bloody nose.

I understand that my own efforts with home care are just as important as my professional treatment and it will dictate the outcome of my healing and future periodontal health.

Consequences of not following the recommended treatment about my periodontal condition may be, but are not limited to:

- Increased recession of gum tissue and exposure of root surfaces
- Increased sensitivity to hot, cold, or sweets; this may require further treatment, may fade with time, or may persist no matter what is done
- Increasing tooth mobility (loose teeth)
- Food collection between teeth
- Continued infection of the gums and other supporting structures
- Loss of teeth
- Spread of infection to other sites in the body

I understand the recommended treatment, the risks of such treatment, and any alternative treatment and risks have been explained to me. I understand the fee(s) involved in the treatment as well as consequences of doing nothing.

I give permission for the use of local anesthetic and any anxiolytic and/or sedative medications that may become necessary. Patient

Signature _____ Date _____

Hygienist or Doctor Signature _____ Date _____

Witness Signature _____ Date _____