

Informed Consent: Periodontal Surgery

If you have questions, write them in this margin and discuss them with Dr. Chun before signing this consent form.

I UNDERSTAND THAT PERIODONTAL SURGERY AND/OR BONE GRAFTING INCLUDE POSSIBLE INHERENT RISKS SUCH AS, BUT NOT LIMITED TO, THE FOLLOWING:

1. I can read and write in the English language.
2. I, _____, hereby authorize Dr. Chun to perform the following surgical procedure(s) as indicated below. A description of the procedures are on the reverse of this form.
 - A. Crown Lengthening Surgery
 - B. Mucogingival Surgery – Gingival Graft Surgery
 - C. Regenerative Surgery – Osseous grafts and/or Guided Tissue Regeneration
 - D. Replaced Flap Surgery
 - E. Other:
3. I understand that I have periodontal disease or a periodontal condition that has caused damage to the soft tissues and/or bone around my teeth. This disease or condition, if left untreated, is generally non-reversible and can be progressive, eventually leading to further damage and possible loss of my teeth.
4. I also understand that various surgical procedures are used to treat periodontal disease. While these surgical treatments are generally successful, I understand that no guarantee, warranty, or assurance has been given to me that the proposed surgical treatment will be curative and/or successful to my satisfaction. Risk of failure, relapse, or worsening of my present condition may result despite the treatment.
5. It has been explained that long-term treatment success requires my cooperation and performance of effective daily plaque control (home care) and periodic periodontal maintenance visits at a dental office after the proposed surgical treatment is performed.
6. I further understand that if no treatment is rendered, my present periodontal condition has the potential to worsen with time and may result in premature tooth loss.
7. I have been informed that other possible alternative methods of treatment include scaling and root planning followed by periodic maintenance.
8. Although significant complications from periodontal surgery are rare, they can occur and may include the following:
 - A. Intrasurgical: bleeding, perforation of sinus membranes, and nerve damage.
 - B. Post-Surgical: bleeding, swelling, infection, discomfort, tooth sensitivity, tooth looseness, gum recession (shrinkage), numbness or altered sensation, exposure of crown margins, and/or
9. I understand that this procedure may be photographed and/or recorded on video.
10. I certify that I have fully read and understand the above consent to the surgical treatment, the explanation referred to or made, and that all blanks were filled in or stricken before I signed this document.

Patient or Legal Representative Name & Signature

Date

Tooth #

Witness Signature

Date