



Consent to Periodontal Procedures

Scaling/Root Planing, Pocket Reduction or Crown Lengthening

This form can be filled out on a computer, printed, then hand signed.

Legal First Name Legal Middle Name / Initial Legal Last Name

I understand that periodontal procedures (treatments involving the gum tissues and other tissues supporting the teeth) include risks and possible unsuccessful results from such treatment. Even when the utmost care and diligence are exercised in the treatment of periodontal disease, there will always be risks associated with treatment which include but are not limited to the following:

1. **Response to Treatment:** Everyone responds differently to treatment and therefore it is not possible to determine how each patient will heal precisely.
2. **Post-Operative Care:** It is the patient's responsibility to exercise extreme diligence in performing the home care required after treatment, as instructed by Dr. Tan. Without proper follow-up care, the probability of unsatisfactory results is vastly increased.
3. **Pain, Soreness and Sensitivity:** Post-operative discomfort, relating to hot/cold stimuli, tooth contact, sweet/sour foods, and sore gums may be present immediately following treatment. Most discomfort is temporary in nature and will subside with time but in rare instances discomfort may persist indefinitely.
4. **Bleeding During and/or After Treatment:** Laceration or tearing of the gums may occur, which might require suturing. Gums may also bleed during and/or after treatment, although rarely does it continue beyond the time of treatment.
5. **Recession of Gum Tissue After Treatment:** During the healing process, gum recession may result in any or a combination of the following:
 1. Exposure of the margin or edge of the crown/fillings,
 2. increased sensitivity of teeth, and
 3. altered aesthetic/cosmetic changes in the front teeth including elongated tooth appearances and/or wider interproximal spaces (black triangles).
6. **Post-Treatment Infection:** Post-treatment infection may occur from calculus debris lodged in the tissue which may require surgical intervention.
7. **Increased Mobility (Looseness) of the Teeth During the Healing Period:** Some patients experience increased mobility of teeth during the healing period. This is usually a temporary condition.

Please note: Monies paid for treatments and services already rendered cannot be refunded or exchanged for additional work. Also, should complications arise during treatment, Dr. Tan reserves the right to refer the patient to a specialist and any fees for specialist care will be the sole responsibility of the patient.

Informed Consent: I have been given the opportunity to ask questions regarding the nature and purpose of periodontal treatment and have received answers to my satisfaction. I voluntarily assume any and all known possible risks, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No promises or guarantees have been made to me concerning my recovery and results of the treatment. The fees for this service have been explained and are acceptable to me. By signing this form, I am granting my consent to allow and authorize Dr. Jeff S. Tan D.D.S. and/or his associates to render the periodontal treatment advised for my dental condition, including any anesthetics and/or other medications.

_____ Patient's or Guardian's Signature (please sign in pen)	_____ Today's Date
_____ Witness' Signature	_____ Today's Date