

Nina V. Aks, D.M.D.
General, Cosmetic & Implant Dentistry

20500 Seneca Meadows Pkwy, Suite #2220
Germantown, MD 20876

Phone: (301) 916-8570
Fax: (301) 916-8579

INFORMED CONSENT

PERIODONTAL TREATMENT

Dr. _____ 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 tissue surrounding my teeth (gum tissue), the tissue that is attaching the teeth to bone, and the bone itself. I further understand that the causes of periodontal disease are complex and may include a genetic factor, hard and soft deposits on the teeth (plaque, calculus) and various bacteria and their toxins. I realize there may be symptoms

such as bleeding gums, swelling, infection, bad breath, tooth and root sensitivity, gum recession, loose teeth (mobility, drifting) and possible loss of teeth. I also realize that this disease may be painless and without symptoms. It has been explained to me that treatment of periodontal disease includes the removal of all debris, bacterial plaque (hard and soft), possible surgical removal of excess tissue or re-contouring of tissue (hard and soft) and monitoring of home care to maintain tissue health.

On this date, at least THREE OPTIONS for treatment for my periodontal disease were offered as follows:

1. Referral to a periodontist for examination and treatment
2. Surgical treatment
3. A non-surgical regime of scaling and root planing to be provided at the office of Dr. _____, which consists of removal of diseased tissue surrounding the teeth, including

diseased cementum (the outer covering of the root surface) and bacterial plaque and toxins. It will also involve the removal of calculus. Scaling and root planing is being proposed to reduce the causes of periodontal disease to a more manageable level.

It has been explained to me that my own care efforts are just as important as my professional treatment. Failure to follow proper home care may also complicate treatment or result in less effective results. I understand that a future referral to a periodontist may still

be necessary and there are no guarantees involved in this treatment. I understand that I still may experience loose teeth and/or possible loss of teeth in the future.

I, _____, understand and accept the treatment option of _____ recommended for me by Dr. _____.

I, _____, decline options 1, 2, and 3 and elect to receive only a basic prophylaxis. I understand that the risk of my decision includes the loss of gum and bone tissue, loosening of teeth, and loss of teeth as basic prophylaxis might not prevent the advancement of the disease or correct the problem.

I also understand that a risk of failure, relapse or worsening of my periodontal condition may result regardless of the efforts made during treatment. Additionally, re-treatment is always a possibility. No guarantees have been made or implied. All of my questions have been addressed. I further understand that there may be some unwanted complications.

PROPOSED FEES HAVE BEEN EXPLAINED TO ME, AS HAVE ANY THIRD PARTY INSURANCE BENEFITS. I UNDERSTAND THAT THIRD PARTY INSURANCE BENEFITS MAY BE DIFFERENT THAN DISCUSSED BY DR. _____ AS THEY ARE NOT UNDER THE CONTROL OF THIS OFFICE.

Signature of Patient

Date

Signature of Parent, Guardian or Personal Representative

Date