



# The Hub Dental Practice

## CF Non Surgical Periodontal Treatment (NSPT)



This consent form should be ready in conjunction with the Periodontal Disease Consent form and information leaflet

**Side effects**

A degree of gum recession is common after treatment, and this would depend on how advanced the gum disease had been on initial presentation. The gum recession would make the teeth appear longer, and the spaces in between the teeth may become larger (this can actually make cleaning easier). There are treatments available to help mask the spaces and recession but these can only be considered once the gum disease has been treated. Following the deep cleaning you may notice an increased sensitivity to hot and cold. Dental sensitivity is likely to be more profound in teeth with advanced disease, and those with large restorations. Sensitivity may last between 2 weeks up to 3 months. The sensitivity usually gets better with time. In some cases a Root Canal or Extraction may be required (extra charges will apply).

**Limitations:** The treatment cannot reverse bone loss, and this would mean that teeth that have already have lost a lot of bone may need to be extracted.

This treatment may failure and tooth loss may occur, in addition the treatment may need to be repeated. In these cases extra charges will apply if further treatment is required. In cases where there is advanced gum disease the initial phase of treatment may not completely remove all inflammation. In these situations further deep cleaning or more advanced gum treatment may be recommended. It has been explained to me that additional periodontal treatment will often become necessary and be suggested in the future and/or tooth loss may occur.

If you are a smoker we strongly advise you to stop smoking as the response to treatment is poorer in smokers than in non-smokers. The chance of disease recurrence is higher in smokers.

Some patients with uncontrolled diabetes may have a reduced response to treatment, and may need repeat/extra treatment.

The treatment which we are offering you will try to create a situation where the Periodontal Disease is arrested, or slowed down. In other words we are trying to stabilize the periodontal ligament and adjacent tissues. You may need further treatment or even a referral to a specialist. When we have stabilized your active disease we will then review all aspects of your dental health and discuss all the options for the next stage of your treatment.

I understand that at the beginning of m. treatment with the hygienist further investigation (pocket charting and assessment of the periodontal support tissues) will take place. This may result in a change in your treatment plan. If this is the case we will discuss the options and costs etc. In addition during and following the contemplated treatment, conditions may become apparent which warrant, in the judgment of the dentist, additional or alternative treatment pertinent to the success of the Comprehensive treatment, including referral to a specialist Periodontist.

If this is the case we will discuss with you the options and costs etc.

**We can't emphasize too much the importance of maintaining plaque control and not smoking!!**

Cleaning in between your teeth with floss and interdental brushes is essential, and in addition we usually do suggest other aids such as mouth washes and electric toothbrushes. Periodic reviews are also essential.

I understand that the treatment plan presented to me is, in the opinion of the dentist, the wisest course of treatment. It is based on the clinical findings from your examination.

The options of a single visit versus multiple visits, treatment with and without local anaesthetic, and with and without medication have been explained. The advantages, disadvantages and cost of full mouth radiographs have been explained to me.

I understand that I have the right to refuse or pursue treatment. During the course of treatment, treatment may be discontinued at the discretion of me or the dentist. In the event of stopping treatment, fees paid for the portion of treatment completed are not refundable.

After treatment is completed it is essential that the patient maintains the result and regular/frequent visits with the Hygienist are normally essential as are periodic examinations with the dentist.

I certify that the dentist has fully explained to me the purpose of the procedure(s) on the accompanying treatment plan and has also informed me of the expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the purposed treatment. The attendant risks of no treatment or failure to complete the treatment have also been discussed. I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s) which the dentist may consider necessary.

I confirm that I have read and fully understand this consent form prior to my signing it. I realise that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment.

Similarly signing this means that I only pay for the treatment that I have actually had done. I hereby consent to the proposed dental treatment acknowledge that it is being provided as a Private Patient.

Signing this consent form is an acknowledgement of the fact that you have read, understood and signed the Periodontal Disease Consent form and our NSPT Information Sheet

(CF NSPT)

Name \_\_\_\_\_ Date of Birth \_\_\_\_//\_\_\_\_//\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_//\_\_\_\_//\_\_\_\_