



Informed Consent Form for Periodontal Treatment (Gum Treatment)

You have been diagnosed with **Serious Periodontal Disease** (the more serious form of Gum disease).

Basically this means that the teeth's supporting tissues (Periodontal Ligament and Bone) have **Active Disease** and/or there has been significant bone loss around your teeth.

If left untreated the periodontal disease will progress and **may result in loss of teeth**.

It is because the plaque produces toxins which simply put "results in the tooth's supporting tissues being eaten away".

Although there are systemic factors which can cause Periodontal Disease and other systemic factors that can complicate Periodontal Disease it almost always involves plaque, and all successful treatment is dependent on the patient's compliance with plaque control.

It has been explained to me that if nothing is done to correct my dental condition, any of the following may occur:

Limited function	Gum disease	Bone Disease
Loss of supporting bone	Inflammation	Infection
Looseness of teeth	Shifting of teeth	Loss of teeth
Failure of Root canals	Failure of bridges	Failure of dentures
Failure of Implants	Shrinkage of Gums	Failure of other dental restorations

The possibility of deterioration such that treatment will not be possible in the future.

It has been explained to me that there is strong scientific evidence of a link between Periodontal Disease and

Strokes

Diabetes

Heart disease

Problems with pregnancy

Mouth Cancer

Throat Cancer

It has been explained to me that periodontal disease is chronic and progressive and, following correction through treatment, may recur and cause further loss of support, periodontal pocketing, and bone loss.

Our conclusions are based on the fact that we have found sufficient changes to your hard and soft tissues as well as radiographic evidence that suggests active treatment (as proposed) is necessary and further investigation is required.

I have been told the importance of reading our leaflets on Gaps and also our leaflet on the relationship between gum disease and general illnesses such as heart disease, strokes and diabetes, as well as conditions such as pregnancy.

It has been explained to me that if I agree to pursue treatment, a complete treatment plan will be followed. Partial treatment may not be considered.

I further understand that I have the right to either refuse or pursue treatment. During the course of treatment, treatment may be discontinued at the discretion of me or the dentist.

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.

Signing is merely acknowledging the fact that we have told that I have serious periodontal disease

(CF Periodontal Disease)

Name _____

Date of Birth ____//____//____

Signature _____

Date ____//____//____