



The Hub Dental Practice



Love Your Smile

775 Witan Gate, Central Milton Keynes MK9 2FW

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01908 690326

reception@TheHubDentalPractice.com

www.TheHubDentalPractice.com

Dr David Gilmartin,
Dr Kamilah Makda
Dr Chivani Tailor,
Dr Ivo Zdravkov,
Dr Allen Betsis,
Dr Etienne Deysel, Sedationist

Dr Aaron Lopez, Specialist Periodontist
Dr Monica Cueva Moya, SI Periodontics
Dr Gulelala Azhar, SI Restorative,
Dr Giovanni Marras, PLT Periodontics
Miss Sam Singleton, Practice Manager
Mrs. Nur Gilmartin, Dental Hygienist

Dr Alvaro De Castro Torres, SI Dental Implants & RCT
Dr Konstantinos Tzamalass, Specialist Orthodontist
Dr Iyad Abou-Rabii, PLT Dental Implants & Oral Surgery
Dr Ezgi Cilingir, PLT Dental Implants & Periodontics
Dr Jonathan Harper, PLT Endodontics
Dr Jaime De Castro Torres, SI Dental Implants

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.

It has been explained to me that additional periodontal treatment may become necessary and be suggested in the future and/or tooth loss may occur.

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 my 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 with you 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.

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.

It has been explained to me, verbally and through our practice leaflets, ("Hygienist Visits" & "Laser Gum/Periodontal Treatments") that a simple scale and polish is not sufficient to treat the periodontal disease.

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.

Your visit(s) to the Hygienist will involve charting, oral hygiene instruction as well as the actual treatment.

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 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.

In the event of discontinuation of 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.

(CF Periodontal Treatment)

Name _____ Date of Birth ____//____//____

Signature _____ Date ____//____//____