



The Hub Dental Practice



Informed Consent for Very Serious Periodontal Disease Probable Referral

This consent form should be read in conjunction with the Periodontal Disease Consent form and the form about Periodontal Disease

You have been diagnosed with **Very 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 and you have BPE score of at least 3 (4 is the worst)

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

At the end of the initial phase of treatment with the Hygienist we will do a reassessment. **We will usually refer the patient to see Dr Marras, Dr Ezgi Cilingir or Dr Cueva Moya.** They will focus mainly on the area where the periodontal disease requires more treatment. The extra costs for the treatment will be explained after the examination.

Dr Giovanni Marras, Dr Ezgi Cilingir and Dr Monica Cueva Moya all offer a full range of periodontal treatments, and are available between them 7 days a week.

We have built up a First Class Periodontal Treatment Team and their expertise covers all aspects of periodontal care and management, and gum surgeries; they are all extremely approachable clinicians and have years of experience in both teaching fellow professionals.

All the Periodontal team have both extensive "Post Graduate Training" in treating advanced gum; their experience includes all the major surgical procedures including Regenerative Procedures, Graft Surgery, Conservative Resective Surgery and Crown Lengthening. They work alongside our very experienced Implant Placement Team

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	Mouth Cancer
Heart disease	Throat Cancer	Problems with pregnancy

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.

We have several important leaflets that patient MUST read when they have VERY severe Periodontal Disease

Hygienist visits	Periodontal Examinations	Gaps and spaces
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Generally most periodontal treatments begin with Dental Hygienist appointments. However in your case additional periodontal treatment will almost certainly 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.

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 including referral to. 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 the Periodontal Treatment Team. If this is the case we will discuss with you the options and costs etc.

I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

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 for Very Serious Periodontal Disease Probable Referral)

Name of Patient : _____ Date of Birth : _____

Signature : _____ Date : _____