

Informed Consent

Periodontal Treatment: Non-Surgical or Referral

I am aware of the periodontal disease (gum disease) and infection present in my mouth. On this date at least two options for treatment for this disease were offered:

Option #1. Referral to a periodontist for examination and treatment.

Option #2. A non-surgical regime of treatment wherein I accept the responsibility of functioning as a co-therapist for my own care.

The consequences of inadequate or non-treatment have been explained to me. I understand that doing nothing may result in a progression of this infection, and if it continues, will generally result in the eventual loss of gum and bone tissue, loosening of teeth, and often loss of teeth.

After careful consideration of the information given to me concerning the recommended treatment plan for my condition, any alternative treatments, and the benefits and risks involved I have decided to:

_____ Accept option #1 and be referred to a periodontist for an examination and possible treatment.

_____ Accept option #2 and a non-surgical treatment in which I am the co-therapist. I understand that there are no guarantees involved in this treatment, and that my condition may not respond typically. Later referral to a periodontist may still be necessary, and I might still experience a loss of gum and bone tissue, loosening of teeth, and possible loss of teeth. I acknowledge that this treatment plan has been discussed thoroughly with me in regards to treatment and risks involved.

Patient Signature _____ Date _____

Dr Byers _____