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CONSENT FOR PERIODONTAL SURGERY
(PLEASE READ AND RETURN ON THE DAY OF SURGERY)

Diagnosis: After a careful oral examination and study of my dental condition, Dr. Pawlus has advised me that I have periodontal disease. I understand that periodontal disease will destroy the support of my teeth by separating the gum from the teeth. The pockets caused by this separation allow for greater accumulation of bacteria under the gum and will ultimately result in further erosion and/or loss of bone and gum supporting my teeth.

IF UNTREATED, PERIODONTAL DISEASE CAN CAUSE ME TO LOSE MY TEETH AND CAN HAVE OTHER ADVERSE CONSEQUENCES.

Recommended Treatment: In order to treat this condition, Dr. Pawlus has recommended that my treatment include periodontal surgery and possible bone grafting in specific affected areas. This surgical procedure has been explained to my full satisfaction by Dr. Pawlus. I understand that local anesthetics will be administered and sedation may be utilized during surgery.

I also understand that unforeseen conditions may call for a modification or change from the planned surgical procedure. These may include, but are not limited to, extraction of hopeless teeth to enhance healing of adjacent teeth or removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or termination of the procedure prior to completion of the originally planned surgery.

The purpose of periodontal surgery is to eliminate the present infection and inflammation and to restore my gums and bone to the healthiest extent possible. The surgery is intended to help me keep my teeth in the treated areas and to improve access for oral hygiene.

Risks and Complications: I understand that there is a small possibility that some patients do not respond totally successfully to periodontal surgery and that there may be in some cases a slight change in appearance. I also understand that bone grafting procedures may not be totally successful. I further understand that complications may result from any surgical procedure. Such complications may include, but are not limited to, post-surgical infection, bleeding, swelling, slight bruising or numbness, discomfort and transient tooth sensitivity. Most complications will be temporary and the exact duration cannot be determined.

The success of the periodontal procedures can be affected by medical conditions, smoking, alcohol consumption, inadequate oral hygiene, and medications that I may be taking.

Although the treatment will provide benefit in reducing the cause of periodontal condition, there is a small risk of failure, relapse or the need for additional treatment. I understand that a periodontist cannot guarantee or predict the certainty of success of the recommended treatment.

Alternatives to Suggested Treatment: I understand that alternatives to the periodontal surgery include:

1. No treatment – with the exception of advancement of my periodontal condition which may result in premature loss of teeth; loss of supporting jaw bone and/or extraction of teeth involved with periodontal disease.
2. Non-surgical scraping of tooth roots (deep scaling and root planning) in an attempt to further reduce bacteria and tartar under the gum line – with the understanding that this treatment will not fully eliminate deep bacteria and calculus (tartar), may not reduce gum pockets, will require more frequent professional care and time commitment. This may result in the worsening of my periodontal condition and the premature loss of teeth.

Necessary Follow-up Care: Because periodontal diseases can recur even after active treatment, it is important to professionally monitor my oral health. I understand that my diligence in providing the personal daily care recommended by Dr. Pawlus and taking all prescribed medications are important to the ultimate success of the procedure. To my knowledge, I have reported to Dr. Pawlus any prior drug reactions, allergies, diseases, symptoms, habits or conditions which might in any way relate to this surgical procedure.

I will need to come for appointments following any surgery so that healing may be monitored and so that Dr. Pawlus can evaluate and report on the outcome of surgery upon completion of healing.

PATIENT CONSENT

I have been fully informed of periodontal surgery and bone grafting the procedures to be utilized, the risks and benefits of periodontal surgery, the alternative treatments available, and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Pawlus. After thorough deliberation, I herby consent to the performance of periodontal surgery as presented to me during the consultation and in the treatment plan presentation as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist Dr. Pawlus.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Date	Printed Name of Patient, Parent, or Guardian
	Signature
Date	Printed Name of Witness
	Signature of Witness