



Stonegate Dental  
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### PERIODONTAL THERAPY CONSENT FORM

**The purpose of the therapy and our patient education is to:**

- Involve you, because success can only be achieved by our clinical therapy and your new homecare regime. Effective homecare is the ingredient needed for long-term stability.
- Remove bacteria, infection, plaque, and calculus. Control and stabilize the disease process to prevent further damage.
- Keep the whole treatment process as PAINLESS as possible.
- Keep the bone that remains from continuing to shrink away. Unfortunately, bone does not grow back once the bacteria have destroyed it.

**Treatment will include:**

- Oral Hygiene Instructions
- Instruction with Homecare Instruments & Medicaments
- Root Planing/Curretage of each quad, with anesthesia
- Sub gingival antibiotic placement, as indicated
- Analysis of pockets and tissue improvement
- Fine scale prophy
- Re-evaluation and recare frequency recommendation

**Response to treatment:** Treatment of this condition can halt the progression of the disease, but total remission is uncertain. In some cases, surgical treatment may be necessary to save teeth. You will learn new techniques to help you take care of your mouth. The recommended therapy will certainly diminish the need or extent of surgery, and will enable the tissue to heal with a better result. This therapy is the first step. Because of many variables within each patient's physiological make-up, it is impossible to predict exactly what the healing results will be for each patient.

After treatment some patients experience any or none of the following symptoms: receded tissue, exposed roots, more sensitive teeth, easier staining of exposed roots, spaces between teeth, food collecting between teeth and temporary mobility of teeth.

**Oral Maintenance:**

In order to control the gum disease a 3-month maintenance cycle is recommended. New bacteria will develop and can reach damaging levels in 90 days. The follow up maintenance is as important as the treatment itself. Failure to come in as recommended may allow your condition to get worse, with possible tooth loss.

Our professional efforts alone will not make this program work. We will provide excellent clinical therapy, homecare instruction, and provide the in-office services that will improve your oral health. The rest is up to you! Your commitment will make this program a success. Our practice highly recommends electric toothbrushes to assist you in caring for your mouth. The cost of rinses, or any additional medications or products are not included in the perio therapy treatment fee.

Treatment requires multiple visits in a very short period of time to eliminate the concern of the bacteria re-attacking the treated area. I understand that the treatment is as outlined and does not include any other restorative services that I may require. I understand my perio disease condition, have read and understand this document.

**By signing below: \_\_\_\_\_ I consent to treatment      \_\_\_\_\_ I refuse treatment**

\_\_\_\_\_  
Patient or Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date