Informed Consent for Perio Protect

I have been informed I have periodontal disease. I understand that periodontal disease is an infection process that may lead to the destruction of gum tissue, bone supporting my teeth, and that the teeth may be seriously damaged or lost if treatment is not rendered. I understand there may be a relationship between periodontal disease and other systemic disease such as heart problems, systemic infections or other health related matters.

_____ Initial

I understand and accept the following:

1. There is no specific warranty or guarantee that periodontal treatment will reach an ideal result.
2. Treatment of periodontal care may be subject to factors beyond the doctor's control.
3. A limited number of problems fail to respond to mechanical, biomechanical, & medical treatment.
4. Some problems may arise that require additional services beyond those discussed here.
5. There may be additional charges if unforeseen treatments are determined necessary.
6. I understand that I am not being treated by a board certified periodontist.

_____ Initial

I give permission for any records made in the process of these proceedings to be used for the purpose of research, education, or publication in professional journals or other media. Please note that my treatment cannot be refused based on my unwillingness to give this consent. Additionally, you may change your mind and revoke (take back) this authorization at any time without any penalty or change in your treatment. To revoke this authorization, you must write a letter to the doctor with your request to revoke authorization.

_____ Initial

I have been informed of probable complications of periodontal treatment (including the possible need for surgery), anesthesia or adverse effects that might occur. I have read and fully understand this document as given to me and all of my questions have been satisfactorily answered. By signing this Informed Consent and Periodontal Care Contract, I hereby agree to accept and abide by all conditions, treatments and policies as set forth in this document.

_____ Initial

Signature: _____ Date: _____