

INFORMED CONSENT of PERIODONTAL HEALTH & TREATMENT

Patient Name _____ Date _____ RDH / Dentist _____

Risk factors affecting Periodontal Treatment: _____

Most Current Full Mouth X-rays: _____ Next Full Mouth X-ray Recommendation: _____ Perio. Pamphlet: _____

Periodontal Diagnosis	General Description of the Health of your Gum & Bone	Treatment Recommended or Provided Today	Recommended Treatment	Estimate of Costs and Time
<p><u>TYPE 1</u></p> <p>Healthy</p> <p>to</p> <p>Gingivitis (inflammation of the gums)</p>	<input type="checkbox"/> No loss of attachment of the fibers and tissues which connect your teeth, gum and bone <input type="checkbox"/> Little to no bleeding with probing or measurements <input type="checkbox"/> Pocket depth < than 4 mm	<input type="checkbox"/> Prophylaxis or Dental Cleaning (Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition.) <input type="checkbox"/> Oral Hygiene review and instruction	<input type="checkbox"/> Prophylaxis or Dental Cleaning appointments every _____ months.	<input type="checkbox"/> ~ \$100 <input type="checkbox"/> _____ min. appt.
<p><u>TYPE 2</u></p> <p>Chronic Gingivitis</p> <p>to</p> <p>Early Periodontal Disease</p>	<input type="checkbox"/> Generalized bleeding on probing <input type="checkbox"/> Localized areas of gingival recession <input type="checkbox"/> Early loss of bone in between the roots of the molars <input type="checkbox"/> Pocket depths or attachment loss in the 4-6 mm range	<input type="checkbox"/> Prophylaxis or Dental Cleaning (Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition.) <input type="checkbox"/> Localized Scaling & Root Planing (This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.) <input type="checkbox"/> Oral Hygiene review and instruction	<input type="checkbox"/> Prophylaxis or Dental Cleaning appointments every _____ months. <input type="checkbox"/> Localized Scaling and Root Planing <input type="checkbox"/> Patient given Periodontal pamphlet	<input type="checkbox"/> ~ \$100 <input type="checkbox"/> ~ \$220 - \$350 per appt. <input type="checkbox"/> Will need _____ appt(s) <input type="checkbox"/> _____ min. per appt.
<p><u>TYPE 3</u></p> <p>Moderate Periodontitis</p>	<input type="checkbox"/> Generalized bleeding on probing <input type="checkbox"/> Moderate loss of bone in between the roots of the molars <input type="checkbox"/> Early levels or stages of tooth mobility	<input type="checkbox"/> Generalized Scaling & Root Planing (This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.) <input type="checkbox"/> Oral Hygiene review and instruction	<input type="checkbox"/> 3 - 4 month Maintenance appointments <input type="checkbox"/> Referral to a Periodontist if not responding to non-surgical treatment <input type="checkbox"/> Referred to Dr. _____ or given the option for treatment at our office	<input type="checkbox"/> ~ \$220 - \$350 per quadrant <input type="checkbox"/> Will need _____ appt(s) <input type="checkbox"/> _____ min. per appt.
<p><u>TYPE 4</u></p> <p>Advanced Periodontitis</p>	<input type="checkbox"/> Generalized bleeding on probing <input type="checkbox"/> Advanced loss of bone in between the roots of the molars <input type="checkbox"/> Moderate levels or stages of tooth mobility <input type="checkbox"/> Pocket depths or attachment loss which is greater than 6 mm	<input type="checkbox"/> Referral to a Periodontist (Gum & Bone Specialist)	<input type="checkbox"/> 3 - 4 month Maintenance appointments <input type="checkbox"/> May alternate Maintenance visits with the Periodontist's office, once periodontal status is stabilized	<input type="checkbox"/> ~ \$220 - \$350 per quadrant <input type="checkbox"/> Will need _____ appt(s) <input type="checkbox"/> _____ min. per appt. <input type="checkbox"/> Estimate from Periodontist
<p><u>TYPE 5</u></p> <p>Refractory & Juvenile Periodontitis</p>	<input type="checkbox"/> Periodontitis not responding to convention therapy or which recurs soon after treatment <input type="checkbox"/> Periodontitis in young adults or adolescents	<input type="checkbox"/> Referral to a Periodontist (Gum & Bone Specialist)	<input type="checkbox"/> 3 - 4 month Maintenance appointments <input type="checkbox"/> May alternate Maintenance visits with the Periodontist's office, once periodontal status is stabilized	<input type="checkbox"/> ~ \$220 - \$350 per quadrant <input type="checkbox"/> Will need _____ appt(s) <input type="checkbox"/> _____ min. per appt. <input type="checkbox"/> Estimate from Periodontist

Patient Signature: _____