Consent Form for Periodontal Surgery Treatment

Dental Hospital

Name: ..... Age: ..... HN: .....

have decided to undergo treatment for periodontal disease. I have been informed of the treatment plan and the following details:

1. Facts for Consideration

Periodontal disease is a condition affecting the tissues and structures around the teeth, including the gums, periodontal ligament, cementum, and alveolar bone. In the early stages, the disease may present no symptoms. However, as it progresses, these structures deteriorate, leading to bone loss, gum recession, swelling, pain, tooth mobility, and, ultimately, tooth loss. This condition is commonly referred to as **"Periodontitis"**.

The treatment of periodontal disease focuses on eliminating bacteria that cause the disease and removing bacterial habitats. **Initial treatment** involves scaling and root planing, both above and below the gumline, along with oral hygiene instruction to aid the body's natural healing process. After approximately **4-6 weeks**, a follow-up appointment is scheduled to assess healing. If deep periodontal pockets persist, **periodontal surgery** may be necessary.

Periodontal surgery involves correcting defects in the alveolar bone and surrounding tissues that have been damaged.

2. Benefits of Treatment

The treatment of periodontal disease helps:

- ☐ Reduce infection and inflammation in the periodontal tissues
- ☐ Repair the gums and alveolar bone, improving overall oral health
- ☐ Prolong the lifespan of teeth
- ☐ Restore normal chewing function

3. Risks and Possible Complications of the Procedure

- ☐ Bleeding after surgery
- ☐ Inflammation, swelling, and pain in the surgical site
- ☐ Post-operative infection
- ☐ Gum recession
- ☐ Tooth sensitivity to hot and cold temperatures
- ☐ Limited mouth opening
- ☐ Possible injury to the surrounding bone or adjacent teeth
- ☐ Potential failure of bone and/or tissue grafting
- ☐ Temporary numbness in the lower jaw and/or tongue (lasting **2 weeks to 6 months**), which typically improves over time

4. Treatment Alternatives

- ☐ **No treatment** (relying on natural healing, with the risk of disease progression)
- ☐ **Tooth extraction** for affected teeth
- ☐ **Non-surgical treatment** (scaling and root planing only)
- ☐ **Surgical treatment** (gum and/or bone surgery)

5. Consequences of No Treatment

If untreated, the disease will progress, potentially leading to severe damage and **tooth loss**.

6. Treatment Costs

Treatment costs are based on the **fee schedule and service charges** of the **Faculty of Dentistry, Prince of Songkla University**, as per the latest updated rates.

7. Patient Decision

☐ I have discussed the treatment options and costs with my dentist.

☐ I have received satisfactory answers to my questions regarding the procedure, risks, benefits, and costs.

I choose the following option:

☐ I **consent** to the periodontal treatment/surgery and accept the associated risks, benefits, and costs as stated. I also consent to necessary dental X-rays throughout the treatment.

☐ I **do not consent** to periodontal treatment/ surgery. I acknowledge that I have received information and accept the potential consequences of not receiving treatment.

Signature: ..... Signature: .....

(.....) (.....)

Treating Dentist Patient / Authorized Representative

Relationship to the patient: .....

Signature: ..... Signature: .....

(.....) (.....)

Witness Witness

Date: ..... Time: .....

Note:

1. If the patient comes alone, please note “Patient came alone” in the witness signature field.
2. If the patient is under 18 years old, a parent or guardian must sign the patient/guardian field.