

Informed Consent for Scaling and Root Planing

Patient Name: _____

Date of Birth: _____

Introduction:

You have been diagnosed with periodontal disease, a condition affecting the gums and supporting structures of the teeth. To manage this condition, your dentist has recommended a procedure called scaling and root planing. This form provides information about the procedure, its risks, benefits, and alternatives to help you make an informed decision regarding your treatment.

Procedure Description:

Scaling and root planing is a non-surgical procedure that involves:

Scaling: Removing plaque and tartar deposits from the tooth surfaces above and below the gum line.

Root Planing: Smoothing the root surfaces to promote healing and reattachment of the gum tissue to the teeth.

Potential Benefits:

- Reduction of gum inflammation and bleeding.
- Prevention of further bone and tissue loss.
- Improvement in oral hygiene and overall oral health.

Potential Risks and Complications:

While scaling and root planing is generally safe, potential risks include:

- Increased tooth sensitivity to temperature and pressure.
- Gum recession exposing more of the tooth.
- Infection or prolonged bleeding.
- Discomfort or pain during and after the procedure.

Alternative Treatments:

- Enhanced oral hygiene practices.
- Use of antimicrobial mouth rinses.
- Surgical periodontal treatments if non-surgical methods are ineffective.

Patient Acknowledgment:

I have been informed about the nature of the scaling and root planing procedure, its potential benefits, risks, and alternatives. I have had the opportunity to ask questions and have received satisfactory answers. I understand that while the procedure aims to improve my periodontal health, no guarantees can be made regarding the outcome.

By signing below, I consent to undergo the scaling and root planing procedure as recommended by my dentist.

Patient Signature: _____

Date: _____

Dentist Signature: _____

Date: _____