**Periodontal Surgery Consent Form**

I ………………………………. (name of patient) hereby authorize Dr Heidari to perform mucogingival surgery (gingival grafting).

I understand that I have a form of periodontal disease that has caused damage to the soft tissue and/or bone around my teeth and is endangering the health of my oral tissues. This disease, if left untreated, is generally non-reversible and can be progressive, leading to further damage and possible loss of my teeth.

I also understand that a variety of surgical procedures are used to treat periodontal disease. While these surgical procedures are generally successful, I understand that no guarantee, warranty, or assurance has been given me that the proposed treatment will be curative and/or successful to my present condition may result despite the treatment.In most cases, the treatment should provide benefit in reducing the cause of periodontal disease and should produce healing, which will help the patient keep teeth. Due to individual patient differences, however, a dentist cannot predict certainty of success.There is a risk of failure, relapse, additional treatment, or even worsening of the present condition, including the possible loss of certain teeth, despite the best of care.

I understand that this procedure may be photographed and/or recorded on video and published for educational purposes if deemed appropriate.

It has been explained to me that long-term success of treatment requires my cooperation and performance of effective plaque control (home care) on a daily basis. Equally important are periodic periodontal maintenance visits at a dental office after the proposed surgical treatment is performed. This is because most periodontal disease is chronic in nature and requires continuing treatment to keep it under control. Periodontal disease is rarely curable even with the most effective treatment.

I further understand that the rate of the progression of the disease is variable and unpredictable, but if no treatment is rendered, my present periodontal condition will probably worsen in time, which may result in premature tooth loss.

I have been informed that other possible alternative methods of treatment include: no treatment, non-surgical treatment (root planning followed by periodic maintenance), other surgical treatment procedures, or extraction.

Although complications from periodontal surgery are rare, they can occur. The most common complications are as follows: post surgical discomfort, bleeding, swelling, tooth sensitivity, infection, gum recession (shrinkage) with tooth elongation, increased tooth looseness, food impaction between teeth after eating, unaesthetic exposure of crown margins, and/or (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I CERTIFY THAT I HAVE FULLY READ AND UNDERSTAND THE ABOVE CONSENT TO THE SURGICAL TREATMENT. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS OR REQUEST A MORE DETAILED EXPLANATION, AND TO DISCUSS WITH THE DOCTOR PAST MEDICAL HEALTH HISTORY INCLUDING ANY SERIOUS PROBLEMS, INJURIES, OR ALLERGIES.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUCOGINGIVAL SURGERY – Gum tissue may be moved or transplanted from one area of the mouth to another in an attempt to reinforce the gumline or to cover an area of exposed root surface. If the roof of the mouth is used as the donor site, a protective plastic liner may be placed to protect that area while it is healing.