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Consent for Periodontal Scaling and Root Planing

| Patient Name: | | | Date: | | |
|--|-----------------|---------|----------|---|--|
| Today's treatment Scaling/Root Planning of: | UL 🗆 UR 🗆 | LL 🗆 | LR □ | All 4 Quads □ | |
| Periodontal therapy involves continuous self-r | naintenance and | ongoing | treatme | ent. Scaling is performed to remove | |
| plaque and tartar deposits and planning under | the gum is done | to smoo | th the r | oot surface, allowing the gum tissue to | |
| heal and reattach to the tooth. | | | | | |

What to expect:

- Discomfort: Discomfort immediately after treatment is usually associated with slight throbbing or aching and occasionally may be uncomfortable. This discomfort usually subsides in about four hours. Any discomfort due to brushing should get better in one to several days. Your gums may become "itchy" or uncomfortable and a couple of Advil should eliminate any discomfort. Swelling or jaw stiffness occur very rarely, however if it does, apply warm, moist towels to the face in the area of the stiffness.
- Sensitivity: Sensitivity to temperature changes and/or sweets may temporarily occur. Removing all plaque from the tooth with a tooth brush or Q-Tip, placing a dab of sensitive toothpaste or fluoride toothpaste on the tooth should stop sensitivity within a few days. If tooth sensitivity persists, use desensitizing toothpaste such as Sensodyne, and avoid Tartar Control Tooth Paste. If a local anesthetic was used, avoid chewing foods until feeling returns to avoid injury to the tongue or cheeks.
 - If the sensitivity is severe and prolonged, professional application of a desensitizing agent may be required. The sensitivity to temperature may be intense the first several days and usually diminishes quickly.
- *Bleeding:* Some slight bleeding may occur during the next several brushings but the bleeding should steadily decrease after two or three days. If you have heavy non-stop bleeding contact the office.
- Appearance: Root surfaces may be more exposed as the swelling of the inflamed gum tissue goes away. This may result in more space between the teeth. Although this treatment is necessary, please understand that this is not a cure. Risks associated with scaling and root planning includes, but is not limited to, the following:
- hot & cold sensitivity
- discomfort
- pain
- abscess
- injection pain/numbness
- bleeding
- throbbing
- > TMJ
- Infection
- Please do not smoke following scaling and root planing procedures. Tobacco smoke is an irritant to healing. Refrain from smoking for 48 hours.

- Diet & Eating: If extensive root planing was performed, chewing hard foods, such as meat or raw vegetables may be uncomfortable. Avoid any hard foods such as potato chips, Fritos, popcorn, etc. for the next 3-4 days. This should last no longer than a few days. A diet of a softer consistency would be advised until chewing becomes more comfortable. Your first meal should be soft. No hot food or beverages for 2 days.
- Oral Hygiene: If gum tissues are tender, brush your teeth gently but thoroughly. By the third or fourth day, normal oral hygiene techniques can be resumed. Rinse your mouth 2-3 times per day with warm salt water ¼ teaspoon of salt per 8oz of water, unless otherwise directed. Use of rinses should be limited to one to two consecutive weeks.

CONSENT: I understand that no guarantee as to results (functional, aesthetic, or otherwise) can be or has been promised. I give my free and voluntary consent for treatment. My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved in the proposed surgery and anesthesia. I certify that I speak, read and write English.

PLEASE ASK THE DOCTOR OR ANY OF THE STAFF IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT.

| Patient (Or Legal Guardian) Signature: | Date: | _ |
|--|-------|---|
| Dentist Signature: | Date: | |
| Witness Signature: | Date: | |