

## **Informed Consent for Scaling and Root Planing**

### **I. Recommended Treatment**

I hereby give consent to Dr. \_\_\_\_\_ to perform Scaling and Root Planing procedure(s) on me or my dependent as follows: \_\_\_\_\_  
\_\_\_\_\_ ("Recommended Treatment")  
and any such additional procedure(s) as may be considered necessary for my well-being based on findings made during the course of the Recommended Treatment. The nature and purpose of the Recommended Treatment have been explained to me and no guarantee has been made or implied as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment. I also consent to the administration of local anesthesia during the performance of the Recommended Treatment.

### **II. Treatment Alternatives**

Alternative methods of treatment have been explained to me, such as: \_\_\_\_\_  
\_\_\_\_\_ but I wish to proceed with the Recommended Treatment described above.

### **III. Risks and Complications**

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of the Recommended Treatment. These potential risks and complications, include, but are not limited to, the following:

1. Drug reactions and side effects.
2. Post-treatment bleeding, oozing, and infection.
3. Bruising and/or swelling, delayed healing, restricted mouth opening for several days or weeks.
4. Varying lengths and degrees of sensitivity.
5. Increased spacing between teeth due to removal of hard deposits.
6. Revealing of recessed gums.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

7. Increased mobility of teeth.
8. As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

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

*Patient/Parent/Guardian*

Relationship (if patient a minor): \_\_\_\_\_

Witness (signature): \_\_\_\_\_

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