

**INFORMED CONSENT**  
***Scaling and Root Planing***

I voluntarily consent to periodontal scaling and root planning which has been recommended to me. I have been informed that diseased hard tissue, and diseased soft tissue from around the teeth, plaque and calculus will be removed,

The procedure has been fully explained to me including the risks involved. I have been informed that complications might include, but are not limited to:

Pain, bruising and swelling.

Increased sensitivity due to possible exposure of crown margins and roots.

Additional infection in the area and elsewhere.

Further loss of bone and gum tissue.

Additional treatment may be necessary.

The treatment may fail and my condition may worsen making referral to a periodontist necessary.

I have been informed that non-treatment could result in an increase in infection, loss of bone and gum tissue, loose teeth and loss of teeth. I have had an opportunity to ask questions and am fully satisfied with the answers I have received.

I understand the consequences of inadequate home care and agree to accept the responsibility to be a co-therapist for this treatment. I have been given instructions to follow and agree to follow the instructions carefully. I understand that negligence on my part could result in the failure of the treatment.

I further understand that no warranty or guarantee has been made relative to the results that may be obtained by treatment.