

Consent for Periodontal Treatment

After consultation and examination for periodontal treatment in the offices of Dr. Mandel, Dr. Keiser and Dr. Joseph, I understand and accept the following:

- The diagnosis of my condition can be one or more of many periodontal and dental diseases
- Periodontal treatment will consist of one or more modes of therapy, which could include: home care instruction; scaling and root planing; periodontal surgical procedures; implant dentistry; bite adjustment; re-shaping of fillings; application of medicaments to my teeth and/or gums; extraction of teeth; orthodontic tooth movement; construction of appliances; periodontal maintenance procedures. Referral for additional dental treatment with a general dentist, other specialist or a physician may be requested as part of my treatment plan
- Periodontal treatment can result in, among other things, one or more of the following complications: pain, swelling, infection, temporary bruising, bleeding, reactions to medications, tooth sensitivity, altered gum/tooth relationship and appearance, transient alteration in speech, localized numbness of transient or indeterminate duration, alterations in taste or sensation, enlarged spaces between teeth, muscle spasm, TMJ related problems and damage to existing dental work, particularly if old or worn. Complications are infrequent, but do occasionally occur
- The practice of Periodontics is not an exact science. No guarantee of success of outcome to treatment has been made to me, however, every effort will be made to help me achieve periodontal health and help me keep my teeth using currently accepted modes of therapy. The goal of periodontal treatment is to retain the natural teeth whenever feasible and beneficial. An alternative to periodontal treatment includes no treatment or extraction of affected teeth. I realize it is my responsibility to seek any additional dental treatment that may be advised
- I will be responsible for home care procedures explained and demonstrated by the Dr. Mandel, Dr. Keiser, Dr. Joseph and their staff to the best of my ability
- We see all patients on an appointment basis and request you call in advance so we can reserve time for you. We make every effort to honor all time commitments and request you extend the same courtesy to us. Schedule changes affect many patients; if a schedule change should become unavoidable, please notify us immediately. This courtesy makes it possible to allow utilization of the time for another patient who is in need of our services
- Every effort will be made by the Dr. Mandel, Dr. Keiser, Dr. Joseph and their staff to keep me as comfortable as possible while under their care and I can expect to receive the highest quality of specialty periodontal health care available
- It is my responsibility to supply all necessary and accurate information concerning my medical and dental history and my dental insurance coverage to the Dr. Mandel, Dr. Keiser and Dr. Joseph. Their staff may assist me in submitting all pertinent information to my insurance program. I will also be responsible for all charges for my periodontal therapy or that part not covered by my insurance company
- Under the Maryland Dental Practice act, our Registered Dental Hygienists may perform certain dental hygiene services for patients when the Periodontist is not present in the office. Such services will have been prescribed by Drs. Mandel/Keiser/Joseph as part of your treatment plan or ongoing preventive maintenance. Under these circumstances, a Dentist or Periodontist will be available for consultation by telephone to the Dental Hygienist
- Dr. Mandel/Dr. Keiser/Dr. Joseph has explained all of this to me fully and answered any questions I have. I understand his recommended treatment plan and the above outlined information

Patient Signature (and/or guardian)

Date

Dr. Bruce P. Mandel/ Dr. Mark L. Keiser/Dr. Peter E. Joseph Signature

Date

Witness Signature

Date