

Paul D'Aoust Dentistry Professional Corporation

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- Worsening of the condition
- Transient or permanent tooth looseness
- Fracture of adjacent restorations or teeth
- Exposure of crown margins on teeth with crowns/bridges/veneers

I understand that if I smoke, I have more risk for the above complications. The exact duration of any complication(s) cannot be determined, and they may be irreversible. There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking.

To my knowledge, I have reported to my surgeon any prior drug reactions, allergies, diseases, symptoms, habits, or conditions, which may in any way relate to this surgical procedure.

No Warranty or Guarantee:

I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, a therapist cannot predict certainty of success. There exists the risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth or implants, despite the best care.

Sedation: I understand that if I take oral or IV sedation, I will need a driver to and from my appointment and that I should not operate any heavy equipment/machinery for 24 hours following the use of sedation.

PATIENT CONSENT

I have been fully informed of the nature of the required extraction or oral surgery, the risks and benefits, the alternative treatments available, and the necessity for follow-up care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my surgeon. After thorough deliberation, I hereby consent to the performance of extraction or oral surgery as presented to me during consultation and in the treatment plan presented to me. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my surgeon. I understand that these additional or alternative procedures may involve added cost that may not have been outlined in the estimate of treatment costs.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Signature: _____

Date:

Response Date: