

Consent — Gum Treatment & Scale and Polish

Treating gum (periodontal) disease

This form explains what the treatment involves, the benefits, the risks and the alternatives, so you can make an informed decision. Please read it, ask us anything you are unsure about, and sign at the end if you are happy to go ahead.

What this treatment is

This treatment cleans the teeth and below the gumline to treat gum (periodontal) disease — an infection that affects the gum and bone supporting your teeth.

Why we may recommend it (the benefit)

To improve the health of your gums and teeth and to help you keep your natural teeth as long as possible. Untreated, gum disease eventually leads to the loss of all the affected teeth.

Things that affect gum disease

Other factors can affect gum disease and how fast it progresses, including the condition of your fillings/crowns, some health conditions (such as diabetes and heart disease), smoking, and certain medicines.

Risks and things that can happen

No treatment is completely risk-free, and your dentist will take reasonable steps to limit problems. Some after-effects are common and tend to occur regularly: tooth sensitivity, discomfort, infection, swelling, dark spaces between the teeth where gum has receded, teeth looking longer (due to reshaping of the gum), and sometimes the need to replace old fillings or crowns because the gum position has changed.

Your part in success

Gum treatment only works if you keep it up at home. You will need to brush and clean between your teeth regularly, and you have received instruction in how to do this.

Notes & customisation

Your consent

My consent. I have read and understood this information. I have had the chance to ask questions and have them answered. I understand what the treatment involves, its benefits and risks, the alternatives, and that I can refuse all or part of it at any time. I understand no guarantees have been made about the result. I agree to go ahead with this treatment, on the basis of this form together with what my dentist discusses and personalises with me on the visit, and the Home Visit Terms & Important Information that apply to all treatments.

Patient (or representative) name

Relationship to patient (if not the patient)

Patient / representative signature

Date

Dentist name

Dentist signature & date

Our **Home Visit Terms & Important Information** (which apply to all treatments) form part of this consent and are provided alongside it.