

PATIENT NAME _____ DATE _____

NOTIFICATION OF PERIODONTAL DISEASE

I understand that Periodontal Disease is a cumulative and progressive disease and that failure to treat it may result in the eventual **LOSS OF MY TEETH**. Furthermore, I have been informed that evidence now links Periodontal Disease to a variety of **LIFE-THREATENING** health concerns such as **HEART DISEASE, STROKE, LUNG DISEASE and DIABETES***

*From the American Academy of Periodontology 2000

I have been advised that I have the following:

- Bleeding Points
- 1-3 mm Pockets with Bleeding Points
- 4 mm Pockets
- 5 mm Pockets
- 6 mm Pockets
- 7+ mm Pockets
- Areas of Recession (gums have moved away from the crown of the tooth exposing the root)

GINGIVITIS

I understand that **GINGIVITIS** is a bacterial infection affecting my gums. Because it has not yet spread to the underlying bone, **GINGIVITIS** is **REVERSIBLE**. I understand that Soft Tissue Management Therapy is a non-surgical procedure designed to eliminate the infection in my gums and prevent the disease from spreading to the bone supporting my teeth.

PERIODONTITIS: Early / Moderate / Advanced

I understand that my condition is **IRREVERSIBLE** because the infection has already spread from my gums to the underlying bone, producing **irreversible bone loss**. I understand that Soft Tissue Management Therapy is a non-surgical procedure designed to eliminate the infection, reduce pocket depths and promote healthy re-adhesion of the gums to the roots. I have also been informed that this therapy will not put back the bone that I've lost; rather, it will attempt to **ARREST** and **CONTROL** the disease process and **STOP** further bone destruction.

I also understand that referral to a **GUM SPECIALIST** (periodontist) may become necessary *if* specific sites fail to respond to this non-surgical approach to treatment.

Most importantly, I understand that bacterial "plaque" is a sticky film that is constantly forming on my teeth. I realize that my long-term commitment to removing plaque *at least* twice a day is essential for Soft Tissue Management Therapy to be successful in controlling my oral disease.

WHAT IS THE PERIODONTAL RE CARE VISIT? **HOW DOES IT DIFFER FROM A 6-MONTH RECALL VISIT?**

I have been told that the 6-month recall visit is designed to prevent the disease process by performing preventive therapy known as Preventive Scaling or Prophylaxis. However, once I have Periodontal Disease, I understand that preventive therapy is no longer indicated and that I now need Soft Tissue Management Therapy and appropriate follow-up visits. I realize that it takes an average of 3 months for the **bacteria** that causes Periodontal Disease to return to **pretreatment levels**. I have been informed that the American Dental Association advises all patients with adult Periodontal Disease to return for dental check-ups **at least** every **3 months**. Therefore, by evaluating my individual response to treatment, my dentist will use the above guidelines to determine an appropriate recare interval for me. My periodontal recare visits will be critically timed to disrupt the bacteria accumulating around my teeth and, in this way, disable the destructive process. I understand that the periodontal **recare visit** is **not an option** – but a **requirement** – for successful therapy.

I accept treatment and understand my part in its success X _____ Date X _____
I decline treatment and understand the possible consequences X _____ Date X _____