



MARIANNE MORELLI, D.M.D.

BROOKFIELD FAMILY DENTISTRY, LLC

INFORMED CONSENT FOR PERIODONTAL PROCEDURES

I UNDERSTAND that PERIODONTAL PROCEDURES (treatment involving the gums and other tissues supporting the teeth) include risks and possible failure associated with such dental treatment. I agree to assume those risks and possible failure associated with but not limited to the following. Even though the utmost care and diligence is exercised in the treatment of periodontal disease and associated conditions, there are no promises or guarantees as to anticipated results.

1. ***Response to treatment:*** - Because of many variables within each patient's physiological make-up, it is impossible to precisely determine whether or not the healing process in which tissue response is a vital element will achieve the results desired by both Dr. Marianne Morelli and the patient. Should the desired results not be attained, extractions may be required.
2. ***Prospective patient responsibility for care:*** With the types of treatment required in correcting periodontal problems, it is mandatory that the patient exercise extreme diligence in performing the homecare required after treatment as instructed by the treating dentist. Without the necessary follow-up care by the patient, the probability of unsatisfactory results is greatly increased.
3. ***Pain and soreness:*** Periodontal surgery is oftentimes followed with substantial pain and soreness in the gums and bony tissues. This must be expected and instructions will be given as to the methods of controlling the problems of pain and soreness.
4. ***Bleeding, bruising and swelling:*** Following periodontal surgery, there are occasions when relatively profuse bleeding may occur. Instructions as to how this may be controlled will be given to you. Some bruising and/or swelling of the intraoral and facial tissues may occur. If extreme, it is your responsibility to contact the office
5. ***Infection:*** On occasion, postoperative infection(s) may occur. This may range from mild to severe in nature. Should you have any concerns relating to this potential problem, this office should be contacted as soon as possible.

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6. **Reaction to medications and anesthetics:** Allergic reactions may exhibit themselves which may be of mild to very severe in nature relative to medications, materials and/or anesthetics. It is the responsibility of the patient to fully inform Dr. Marianne Morelli of any past allergic reactions.
7. **Injury to the nerves:** Surgical procedures may possibly result in injury to the nerves of the lips, tongue or other oral tissues. Numbness could occur which may be either temporary or permanent.
8. **It is the patients responsibility to seek attention should any undue circumstances occur post-operatively and that patient shall diligently follow any pre-operative and post-operative instructions given to them, including the scheduling and attendance of each and every appointment.**

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of the periodontal treatment recommended and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fee(s) for this service have explained to me are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Marianne Morelli and/or her associates to render any treatment necessary or advisable to by dental conditions, including any and all anesthetics and medications.

Surgical Site: _____

Patient Name (Print) _____

Patient Signature _____ Date _____

Doctor Signature _____ Date _____