



## PERIODONTITIS ACKNOWLEDGEMENT FORM

### Patient Information

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_

### Diagnosis:

After examination and/or diagnostic testing, you have been diagnosed with **Periodontitis** (a serious gum infection that damages the soft tissue and destroys the bone that supports your teeth). Periodontitis is a progressive disease that requires treatment to prevent further damage to your gums and teeth.

### Understanding Periodontitis:

Periodontitis is a severe gum infection that can lead to tooth loss if not treated properly. It typically results from poor oral hygiene that encourages plaque to form on teeth and harden. Over time, plaque can cause inflammation of the gums and, if left untreated, can progress to more severe stages.

### Treatment Options:

Treatment for periodontitis may vary depending on the severity and can include:

- **Non-surgical treatments** such as scaling and root planing (deep cleaning).
- **Surgical treatments** such as flap surgery, bone grafts, or soft tissue grafts.
- **Ongoing maintenance** to prevent recurrence, which may involve more frequent dental visits.

Your dentist or periodontist has discussed the appropriate treatment options with you, including the benefits and risks.

### Acknowledgements:

- I understand that periodontitis is a serious condition that requires prompt treatment to avoid complications such as tooth loss, gum recession, or infection.
- I understand the importance of following the recommended treatment plan and attending follow-up visits to ensure the best possible outcome.
- I have been informed of the possible risks of untreated periodontitis, including the potential loss of teeth, impact on overall health, and other complications.

- I acknowledge that smoking, poor oral hygiene, and other lifestyle factors can contribute to the progression of periodontitis, and I have been advised on ways to improve my oral hygiene and habits.
- I am aware that failure to follow the recommended treatment plan or neglecting oral care may lead to worsening of the condition.
- I understand that periodontitis may require long-term care and monitoring to prevent recurrence.

**Consent:**

By signing below, I confirm that I have been informed about the nature of my condition, the treatment options available, and the potential risks and benefits of each. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I understand the importance of complying with the treatment and follow-up care.

- **Signature of Patient/Guardian:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

- **Signature of Witness (if applicable):** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**Healthcare Provider's Acknowledgment:**

I have explained the diagnosis of periodontitis to the patient, including the severity of the condition, treatment options, potential risks, and the importance of following the treatment plan for the best possible outcome. The patient has had the opportunity to ask questions, and their decision to proceed with treatment has been made voluntarily.

- **Name of Healthcare Provider:** \_\_\_\_\_
- **Signature of Healthcare Provider:** \_\_\_\_\_
- **Date:** \_\_\_\_\_