

CONSENT FOR CROWN LENGTHENING

DIAGNOSIS: After a careful oral examination and study of my dental condition, Dr. Yaholnitsky has advised me that crown lengthening is recommended to provide access for restoring my tooth and/or for esthetics.

RECOMMENDED TREATMENT: In order to treat this condition, Dr. Yaholnitsky has recommended that my treatment include periodontal surgery. I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. This procedure will remove bone and soft tissue. My gum will then be sutured at a lower position, and a periodontal bandage or dressing may be placed. I further understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may include, but are not limited to, (1) extraction of hopeless teeth, (2) the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or (3) termination of the procedure prior to completion of all of the surgery originally outlined.

EXPECTED BENEFITS. The purpose of periodontal surgery is to either provide a healthy environment for the dentist or to enhance the cosmetic foundation.

PRINCIPAL RISKS AND COMPLICATIONS: I understand that a small number of patients do not respond successfully to periodontal surgery. Periodontal surgery may not be successful in saving the teeth, function, or appearance. Because each patient's condition is unique, long-term success may not occur. Proper maintenance of the teeth and regularly scheduled cleaning visits are vital to the success of this periodontal surgical treatment. I understand that complications may result from the periodontal surgery, drugs, or anesthetics. These complications include, but are not limited to post-surgical infection, bleeding, swelling and pain, facial discoloration, transient but rarely permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but rarely permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the comers of the mouth, restricted ability to open the mouth for several days, impact on speech, allergic reactions, and accidental swallowing of foreign matter. The exact duration of any complications 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 revision 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 Dr. Yaholnitsky any prior drug reactions, allergies, diseases, symptoms, habits, or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by Dr. Yaholnitsky and taking all medications as prescribed are important to the ultimate success of the procedure.

ALTERNATIVES TO SUGGESTED TREATMENT: I understand that alternatives to periodontal surgery include: no treatment= with the expectation of possible advancement of my condition which may result in premature loss of teeth; and extraction of teeth involved.

NECESSARY FOLLOW-UP CARE AND SELF-CARE: I understand that it is important for me to continue to see my regular dentist. Existing restorative dentistry can be an important factor in the success or failure of periodontal therapy. From time to time, Dr. Yaholnitsky may make recommendations for the placement of restorations, the replacement or modification of existing restorations, the joining together of two or more of my teeth, the extraction of one or more teeth, the performance of root canal therapy, or the movement of one, several, or all of my teeth. I understand that the failure to follow such recommendations could lead to ill effects, which would become my sole responsibility.

I recognize that natural teeth and their artificial replacements should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that Dr. Yaholnitsky can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important (1) to abide by the specific prescriptions and instructions given by Dr. Yaholnitsky and (2) to see Dr. Yaholnitsky and my dentist for periodic examination and preventive treatment. Maintenance also may include adjustment of prosthetic appliances.

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. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, Dr. Yaholnitsky cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care. I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

PATIENT CONSENT: I have been fully informed of the nature of crown lengthening surgery and the risks and benefits of periodontal surgery and anesthesia, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Yaholnitsky. After thorough deliberation, I hereby consent to the performance of periodontal surgery as presented to me during consultation and in the treatment plan presentation as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. Yaholnitsky. I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT DOCUMENT: CROWN LENGTHENING SURGERY CONSENT FORM (This signature section will be retained in the dental chart for documentation purposes)~_ ..

Date: _____ Patient Name _____

Patient signature _____

Date: _____ Witness Name _____

Witness Signature _____

Date: _____ Parent/legal guardian _____

Guardian Signature _____