# South Hill Periodontics

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*CONSENT FOR PERIODONTAL TREATMENT*

- Dr. Giardino and/or Dr. Johnson and any such assistants selected by them have informed me of the nature and character of the proposed periodontal treatment, the anticipated results, possible alternative forms of treatment, including no treatment, and the most common risks and complications, such as post operative bleeding, swelling, discomfort, infection, loose teeth, thermal sensitivity of the teeth and nerve damage.
  I also understand there are possible complications and/or risks associated with the administration of anesthetics and sedation medications which include but are not limited to: Hematomas or bruising and bleeding into the surrounding tissue; Subcutaneous swelling or infiltration of solution into the surrounding tissues; Phlebitis or inflammation of the vein; Nausea or vomiting associated with medication side effects; Allergic Reactions or a drug overdose leading to a rash, breathing difficulty, shock, coma, or death. I also understand there are certain risks associated with any dental and/or surgical treatment and accept the risks associated with the procedure(s) below.

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- I agree to follow all instructions given to me by the doctor or assistants and I will arrange for transportation to and from the office following the procedure, if required. I further agree not to operate any vehicle or hazardous equipment while taking any prescription medication which may cause drowsiness.

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*Diagnosis:*________________________________________________________________

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*Proposed Treatment:*_______________________________________________________

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***I*___________________________________ *certify that I read English and fully understand the information enclosed in this consent form and I give permission to Dr. Giardino/ Dr. Johnson and trained staff to administer the necessary anesthesia and perform the stated procedure(s).***

***Patient/Guardian Signature:***_________________________________ ***Date:***__________

***Confirmed:***___________________________________________ ***Date:***__________