

Informed Consent for Root Planing

Root planing is a periodontal procedure designed to deeply clean the root surfaces of the teeth beneath the gums. The goal of this treatment is to remove tartar, bacterial plaque, and toxins to reduce inflammation, promote healing of gum tissues, and prevent the progression of periodontal disease. This procedure is performed under local anesthesia. The use of ultrasonic and manual instruments is necessary.

Expected Benefits:

- Reduction of gum inflammation and bleeding.
- Preservation of dental and bone structures.
- Overall improvement in oral health.

Potential Risks and Side Effects:

- Temporary sensitivity of teeth to temperature changes or chewing.
- Risk of gum recession, further exposing the roots of the teeth.
- Moderate pain or discomfort that may require analgesics.
- Risk of treatment failure: a referral to a periodontal specialist may be suggested if necessary.

Possible Alternatives:

- Maintaining strict oral hygiene without intervention, although this may worsen the disease.
- Extraction of severely affected teeth if the disease progresses.
- No treatment, accepting the potential consequences for oral and general health.

Patient Commitment:

I acknowledge that I have been clearly and fully informed about the nature, objectives, benefits, risks, and alternatives of root planing. I have had the opportunity to ask all my questions, and they have been answered to my satisfaction. I also understand that the success of the treatment depends on my commitment to maintaining good oral hygiene and attending the recommended follow-up appointments.

By signing this document, I authorize the healthcare professional to perform root planing.

Patient Signature: _____ **Date :** _____

Dentist Signature: _____ **Date:** _____