Infinity Dental 8940 W. Tropicana Ave Las Vegas, NV. 89147 702-248-4448

Periodontal Treatment

Patient Name: Date:	
Patient Name:	tusually l ning, t r lining
 Increased infection, bleeding pain and soreness. Possible systematic problems: Heart Disease, Stroke, Diabetes, Respiratory Disease, etc. The treatment risks may be, but are not limited to: Increased recession of the gum tissue and exposure of root surfaces as the tissue heals, and swelling decreases. Some pain, swelling or bruising may be experienced after treatment. Increased sensitivity to hot, cold, or sweets. (This may require further treatment, may fade with time may persist no matter what is done. 	
I understand the recommended treatment for my periodontal condition. Alternative treatment has been explained to me as well as the consequences of not receiving treatment.	
[] I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.	
[] I refuse to give my consent for the proposed treatment(s) as described above and understand the poter consequences associated with this refusal.	ntial
X Date:	

Patient Signature

Hygienist/Assistant Initials: _____