

CONSENT FOR CROWN LENGTHENING SURGERY

Diagnosis: After a careful oral examination and study of my dental condition, Dr. Victor Sun has advised me that I have insufficient tooth structure to properly restore my tooth or teeth. If untreated, the tooth or teeth cannot be restored properly and could adversely affect my periodontal health.

Recommended Treatment: In order to treat this condition, the recommended treatment includes periodontal surgery. I understand that local anaesthetic will be administered.

During the procedure, my gum will be opened to permit better access to the roots and the bone. Bone and tissue will be removed to allow for more tooth structure to be exposed for proper restorative reasons and a healthy periodontal attachment. My gum will then be sutured back, and a periodontal dressing may be placed. A referral to a periodontist (gum specialist) has been offered but I elect Dr. Victor Sun to perform the procedure. I understand Dr. Sun is a general dentist who has taken extra training for such procedures.

I further understand that unforeseen conditions may call for a modification for change from the anticipated surgical plan. These may include, but are not limited to (1) extraction of adjacent teeth, (2) the removal of a hopeless root of a multi-rooted tooth as to preserve the tooth, (3) opening of the furcation or space between the roots of the tooth to allow for proper maintenance and to preserve the tooth or (4) termination of the procedure prior to completion of all the surgery originally outlined.

Expected Benefits: The purpose of the periodontal surgery is to gain adequate tooth structure so that the tooth or teeth can be properly restored to function with maintaining a healthy periodontal attachment. The surgery is intended to help me keep my tooth or teeth in the operated areas.

Principal Risks and Complications: I understand that a small number of patients may not have sufficient support, bone and tissue to properly maintain the tooth or teeth needing crown lengthening, and in such cases, the involved tooth or teeth may be lost. Because each patient's condition is unique, long-term success may vary.

I understand that complications may result from the periodontal surgery, drugs, or anaesthetics. These complications include, but are not limited to, post-surgical infection, bleeding, swelling and pain, facial discoloration, transient, but on occasion permanent numbness of the jaw, lip, tongue, teeth chin or gum, jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing, resulting in elongation of the tooth or teeth and greater spaces between the teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, 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 second 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. Victor Sun any prior drug reactions, allergies, disease, 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. Victor Sun and taking all prescribed medications are important to the ultimate success of the procedure.

Alternative to Suggested Treatment: I understand that alternative to periodontal surgery include: no treatment – with the expectation of possible tooth loss; or extraction of tooth or teeth involved.

Necessary Follow-up Care and Self-care: I understand that it is important to come for appointments following my surgery so that my healing may be monitored and Dr. Victor Sun can evaluate and report on the outcome of surgery upon completion of healing. I know that it is important to abide by the specific prescriptions and instructions given by Dr. Victor Sun and to see him for continued treatment after surgery.

No Warranty or Guarantee: In most cases, the treatment should provide benefit to restore my tooth or teeth and maintain proper periodontal attachment. However, Dr. Victor Sun cannot predict certainty of success. There are risks, possible additional treatment and loss of tooth or teeth, despite the best of care.

Publication of Records: I authorize photos, slides, x-rays or any other viewing 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.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

(date)

(signature of patient, parent or guardian)

(date)

(signature of witness)