



STEVE SCHUMM, D.D.S.

Acknowledgement of Periodontal Disease and Treatment

On examination of your mouth, we have found periodontal involvement. This is called periodontal or gum disease and is an inflammation of the tissue around the teeth. This condition is caused by bacterial plaque and calculus (tartar) deposits that collect in the spaces between the gum and the lower part of the tooth crown. These spaces are not usually more than 3 millimeters in depth. When these spaces exceed this depth, a pocket has been created around the tooth. If this condition remains untreated the infection will spread to the bone in which the teeth are rooted. The bone then resorbs and the teeth can become loose and slowly detach from the supporting tissues. Teeth may fall out or need to be removed. Like diabetes, there is no cure for periodontal disease. Treating periodontal disease with the proposed periodontal therapy can help prevent tooth loss.

There are four types of periodontal involvement:

- Type 1 - Gingivitis
- Type 2 - Slight Periodontal Disease
- Type 3 - Moderate Periodontal Disease
- Type 4 - Advanced Periodontal Disease

We have diagnosed you as periodontal involvement Type _____

The Treatment Plan involves approximately _____ visits.

Treatment may include:

1. Education for proper home care.
2. Charting of all pocket depths
3. Individual x-rays of each tooth.
4. Local Anesthetic.
5. Removal of soft and hard deposits
6. Antibiotic/antibacterial agents, if needed.
7. Re-evaluation of your condition and further recommendations if needed.

In advance we would like to thank you for your cooperation. Treating your "gum problem" will be the result of a joint effort between you and our dental team. Keeping scheduled appointments and following our instructions are important to obtain a successful result.

_____ I have been informed that I have Periodontal Disease.

_____ I have been given educational materials describing the disease and treatment.

_____ I understand the treatment that has been recommended to address my specific dental needs.

Patient Name

Signature

Date