

## CONSENT FORM

### A. For Initial Exam and Data Collection:

This is my Consent for Dr. Lynn Sayre-Carstairs and/or her assistants or hygienists to perform the procedures deemed advisable and necessary to evaluate my periodontal condition. The procedures may include but are not limited to a full periodontal examination (probing), X-rays (radiographs), and bacterial sampling.

I understand that all treatment deemed necessary will be discussed with me by Dr. Sayre-Carstairs prior to execution and I will have the opportunity to ask questions regarding my evaluation at any time.

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Patient/Legal Guardian Signature

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Date

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### B. For Initial Treatment – Cleaning of Teeth and Gums

This is my consent for Dr. Sayre-Carstairs and/or her hygienists to clean my teeth. I understand that there are possible side effects to this care and they vary depending on the procedure to be completed – routine cleaning vs. deep cleaning (scaling/root planing).

The side effects include, but are not limited to, tooth/root sensitivity or mobility. There may be recession of the gums. Existing dental work may become damaged. The nerve of the tooth may flare up requiring a root canal later on. The muscles of the face or neck may spasm and require further evaluation and/or treatment.

If anesthesia is to be used, swelling, bruising and prolonged numbness may result. Infection of the any area of the mouth is a possibility.

All treatments will be discussed with me prior to execution and I will have the opportunity to discuss my care with Dr. Sayre-Carstairs and/or her staff at any time.

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Patient/Legal Guardian Signature

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Date

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### C. For Surgical Treatment:

This is my consent for Dr. Sayre-Carstairs to perform periodontal surgery which I have agreed is necessary for my oral health. I have had the opportunity to discuss options and alternative treatments. All my questions have been answered in a way that I understand.

Side effects of periodontal surgery include but are not limited to infection, swelling, bleeding, bruising, recession of the gums. There may be post-operative prolonged numbness. Tooth and gum sensitivity may occur along with tooth mobility. Damage to existing dental work or the nerve may occur which may require care. Muscle fatigue or spasm is a possibility.

I have been informed that if I am to take oral sedation, a driver is required to take me from my appointment. I am not to operate a motor vehicle or heavy equipment for 24 hours.

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Patient/Legal Guardian Signature

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Date