

AUSTIN PERIODONTAL ASSOCIATES- Dr. Andrew D. Verrett

PATIENT'S CONSENT FOR SOFT AND/OR HARD TISSUE BIOPSY

Diagnosis: After a careful oral examination and study of my oral condition, my periodontist has advised me that I have an area of abnormal soft and/or hard tissue in the oral cavity or associated areas.

Recommended Treatment: In order to treat this condition, my periodontist has recommended surgical biopsy to improve my oral health. I understand that local anesthetic, antibiotics and other substances may be applied to the sites and/or prescribed systemically.

Surgical Phase of Treatment: If it is necessary to extract teeth for a hard tissue biopsy, the gum tissue will be opened to allow access to the tooth or root for extraction. To facilitate removal some teeth may need to be sectioned and small amounts of bone removed. Following the procedure, a suture(s) may be placed along with a dressing.

Expected Benefits: The purpose of a biopsy is to remove the abnormal tissue and send it to a pathologist who will look at the tissue under a microscope and determine the extent of abnormality. A written report will be returned to my periodontist, and I will be notified of the results within a reasonable amount of time.

Principle Risks and Complications: I understand that complications may result from a biopsy, drugs and anesthetics. These complications include but are not limited to: post-surgical infection, bleeding, swelling, pain and facial discoloration; for mandibular (lower) teeth: transient but occasional permanent numbness of the lip, tongue, teeth, chin or gum, jaw joint injury or associated muscle spasm, transient or occasional permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet and acidic foods, cracking, stretching or bruising of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, injury to adjacent teeth; for maxillary (upper) teeth: displacement of root tips into the maxillary sinus or residual sinus exposure requiring a second surgical procedure, bone fractures, delayed healing and accidental swallowing of foreign matter. For patients who are taking or have taken medications (pills or injectable/intravenous) for cancer or osteoporosis, such as bisphosphonates (Prolia, Fosamax, Didromel, Boniva, Aredia, Actonel, Skelid, Reclast and Zometa etc.) there is an increased risk for osteonecrosis or loss of bone or part of the jaw due to non-living bone tissue. Treatment for osteoporosis can be very easy to manage or may be very difficult and painful. In very rare cases it may be necessary to leave a small piece of tissue if the surgical procedure to retrieve it is too extensive. The exact duration of any complications cannot be determined and they may be irreversible.

Alternatives to Suggested Treatment: Alternative treatment includes: No Treatment. However, if the abnormal tissue is cancerous, this may spread to other areas of the body and possibly lead to considerable morbidity/mortality.

Necessary Follow-Up Care and Self Care: I understand that it is important for me to continue to see my dentist and to abide by the specific prescriptions and instructions given by my periodontist. I recognize that natural teeth and appliances should be maintained daily in a clean, hygienic manner. I will need to come to my appointments following my biopsy procedure so that my healing can be monitored and my periodontist can evaluate and report on the outcome of the biopsy procedure upon completion of healing. Smoking or alcohol consumption may adversely affect gum healing and may limit the successful outcome of my biopsy procedure. I know that it is important to 1) abide by the specific prescriptions and instructions given by the periodontist and to 2) see my periodontist and dentist for periodic examination and prevention treatment. Maintenance may include adjustment of prosthetic appliances. I understand that personal daily care recommended by my periodontist and taking all prescribed medications are important to the ultimate success of the procedure. I have received written pre-surgical and post-operative care instructions.

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences a periodontist cannot predict certainty of success. There exist the risks of failure, relapse, additional treatment, or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Publication of Records: I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry. My identity will not be revealed to the public without my permission.

I HAVE BEEN FULLY INFORMED OF THE SURGICAL PROCEDURE, BENEFITS, RISKS AND ASSOCIATED PROCEDURES. I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND HAVE HAD ADEQUATE TIME TO REVIEW THIS DOCUMENT. I WILL COMPLY WITH THIS DOCUMENT AND MY PERIODONTIST/STAFF HAS ANSWERED ALL MY QUESTIONS TO MY SATISFACTION.

Patient's Printed Name

Signature

Date

Witness Printed Name

Signature

Date

Doctor's Printed Name

Signature

Date