



CENTRO DE ODONTOLOGÍA -> my-dentist-mallorca.com

Dr. Víctor J. Hernández Darías - Odontólogo* Dentist

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Personal data

Date:

Name:

NIE/NIF/ID number:

Periodontal treatment

Local anaesthetic

Periodontal disease usually begins with a genetic predisposition or also through insufficient oral hygiene. Tartar, which is formed from the combination of plaque, food residues and saliva, only damages the gums at first.

Inflammation of the gums occurs; this is called gingivitis.

This leads to the development of bad breath and bleeding gums.

The gums become swollen and the bone recedes due to the tartar on top. There are many bacteria in the tooth pocket that accelerate decay and cause bad breath.

A pocket forms due to the swelling of the gums and bone loss, which you cannot clean yourself. This causes recurring inflammations that burden the body and also promote other diseases such as diabetes. To avoid tooth loss, Dr. Víctor J. Hernández Darías recommends regular check-ups and treatment therapy. Depending on the progression of periodontitis, thorough check-ups/cleanings are therefore essential to preserving your teeth.

Deep dental pocket cleaning is a one-off treatment that you should have carried out at the recommended times, accompanied by regular dental cleanings.

The only treatment alternative is tooth extraction with subsequent restoration. Oral hygiene is essential to keeping the bacteria count low.

Consent to the dental procedure

I have been informed that the above-mentioned measure is to be carried out on me.

I was adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison to other methods of examination, treatment, surgery and refraining from the intervention.

I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary at a later date. I have been made aware of possible physical, psychological and professional complications in the period following the procedure. I was also made aware of the following **possible complications**:

- Allergic reactions
- Numbness
- Aspiration of objects
- Soft tissue injury/inflammation
- Failure, further need for treatment
- Sensitivities after treatment
- Tooth loss



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Any particular problems I had were discussed in detail, specifically:

My questions were answered in detail. I do not wish to be given any further details, or I was provided with all the details I wished.

I am aware that I can revoke this consent.

I agree with the intended measure and method, as well as with any necessary further work and changes. I have been informed that photographic documentation may be made and I consent to this. I affirm that I have named all ailments and complaints known to me in my medical history.

I was informed of the necessary pre- and post-treatment measures.

I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it. I am aware that I will have to pay a cancellation fee of 50 € in the event of an unexcused absence or a late cancellation.

Signature of the patient