

Written informed consent

Perio (gum) Surgery Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for perio surgery (gum surgery) in relation to the teeth numbered -----and I have been explained about the procedure in detail including injection of the local anaesthesia, raising of the gum tissue flap, cleaning of the roots of the teeth and bone filling when required, with closure of the flap with sutures at the end of the procedure.

Post-operative sequels like pain and sensitivity of the teeth for few days have been explained. If not treated worsening of the gum condition and loosening of the teeth have been informed.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date: _____ signature of the patient: _____

Time: _____ signature of the patient attendant: _____

Signature of the Doctor with seal: _____