



ETOBICOKE PERIODONTICS & IMPLANT CLINIC

INFORMED CONSENT FOR FRENECTOMY

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Specialist in Periodontics

PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

A frenum is a band of tissue that connects the gums to the lip, cheek or floor of the mouth. Sometimes, a frenum can be exceptionally short, thick, tight, or may extend too far up along the gum. When a frenum is positioned in such a way as to interfere with the normal alignment of teeth or to impinge on the gingiva (gums), it can be excised with a simple surgical called a Frenectomy.

PATIENT'S RESPONSIBILITIES

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal wound healing, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

NECESSARY FOLLOW-UP CARE AND SELF-CARE

I recognize that natural teeth should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that Dr. Jae Chang can evaluate and report on the outcome of surgery upon completion of healing.

COSTS

The estimated costs for this procedure have already been provided to you. You agree to be ultimately responsible for payment of the treatment.

PATIENT CONSENT

I have been fully informed of the surgery to be performed and details of the post-op instruction provided well in advance of the surgery. I understand the risks and benefits of the procedure, alternative treatments, and the necessity for follow-up and self care. I realize that during the course of the surgery, the treatment may need to be modified due to existing conditions that are only evident when the

surgical site has been exposed.

I, _____ (Patient/Guardian) ACKNOWLEDGE THAT THE ABOVE HAS BEEN EXPLAINED TO MY SATISFACTION INCLUDING POST-OP INSTRUCTION, THAT MY QUESTIONS HAVE BEEN ANSWERED, AND THAT I UNDERSTAND THE RISKS AND SO I HEREBY CONSENT TO THE PROCEDURES DESCRIBED WITH THE FEE ESTIMATE

DATE:

PATIENT/GUARDIAN NAME:

SIGNATURE:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

Dr. Jae Chang Signature: _____

POST OPERATIVE INSTRUCTIONS FOLLOWING PERIODONTAL SURGERY

1. Following periodontal surgery, you are likely to experience discomfort as the local anesthetic wears off. Please take the **pain relief medication** as prescribed.
2. Immediately following your operation, you should apply an **ice pack** to the surgical side of your face at 10-15-minute intervals for the first 24 hours. Afterwards, 15 min in every hour will help healing uneventfully for 3 days.
3. **Abstaining from smoking** for 6 weeks following surgery will dramatically improve healing, post-operative convalescence and improve your surgical result.
4. Please limit yourself to a **soft diet** initially and avoid hot foods for 2 weeks. As healing progresses, you may then eat any non-irritating foods.
5. For a few hours after you leave the office, you may notice that your saliva is slightly pink in color.
6. The day of surgery please **avoid**:
 - Smoking
 - Sucking on the area
 - Excessively hot drinks
 - Alcohol for 48 hours
 - Do not use a straw (suction) as this may stimulate bleeding
7. **Absolutely NO brush near the surgical site for 1 week after surgery.** After 1 weeks, you may gently and carefully brush only the top portion of the teeth (NEVER gum area). Also you can use a cotton tip dipping into the chlorhexidine rinse (if prescribed) or warm salt water and gently clean the teeth surface near the surgical site
8. If a Chlorhexidine rinse (Peridex®) has been prescribed, rinse or swab the surgical site 3 times daily in the morning, midday and evening for 6 weeks following surgery.

Should any issues or concerns arise, please call the office.

After hours you may contact Dr. Chang at 416.712.5759