

Laser Periodontal Therapy

Informed Consent and Authorization for Treatment

1. I understand that dental lasers marketed and sold in the United States have been cleared by the Food and Drug Administration (FDA) for use in dentistry.
2. I understand that Dr. Stone and his hygienists have been trained in the use of dental lasers by the best universities, academics and experts that teach this information.
3. I have been presented with the laser treatment plan and fees for treatment. I have been informed of other methods of treatment and the alternatives. The expected results and risks (even the most remote chance of death) of the proposed treatment (and/or no treatment) have been explained by me.
4. I understand there is no guarantee of success or permanence of the treatment plan.
5. I understand that dental conditions in my mouth can change and alter the proposed treatment plan.
6. I understand that anytime teeth are manipulated, whether by mechanical drill or laser therapy, there is always the risk that root canal therapy may be necessary. I realize that in spite of observing every reasonable precaution, prior nerve damage, infection or tooth trauma may have existed in the tooth.
7. I understand that high-technology dentistry, including laser therapy, may be considered “experimental” and may not be reimbursed by some insurance companies, and I must anticipate paying 100% of any treatment.
8. I understand that anytime that soft-tissue is manipulated, whether by traditional dental technology or laser dentistry, that there is always a possibility and risk of unexpected and undesirable side effects.
9. I understand that insurance reimbursement is only an estimate. I am ultimately responsible for any fees incurred during treatment. I understand this office does not operate on the assumption that insurance will reimburse me for the treatment rendered.
10. I understand that this office is performing this treatment in my own best interest.
11. I have read and agreed to the foregoing. I have had the opportunity to ask treatment related questions and have been advised of the risks and benefits of treatment, including the use of local anesthesia and dental lasers.
12. I understand that it is necessary to complete all phases of dental treatment, and agree to do so.

I, _____, authorize the performance of dental treatment using dental lasers, which treatment will be performed Dr. Richard T. Stone and his dental hygienists.

Patient Signature

Date

Witness

Date