



# PFLUGERVILLE SMILES DENTISTRY

Creating Miles of Smile. Your Smile is Our Passion.

## 4 QUADRANT SCALING & ROOT PLANING

I understand that I have a serious condition causing gums and bone inflammation or loss and that it can lead to the loss of my teeth and other complications. The alternative treatment plans have been explained to me including gum surgery, replacements and/or extractions. I understand that although these treatments have a high degree of success, it cannot be guaranteed. Occasionally, treated teeth may require extraction.

I understand that after the scaling and root planing treatment I would need periodontal maintenance every 3 months to stabilize my periodontal disease.

I hereby accept all diagnosed dental procedures listed above for myself. If I decide to proceed with treatment, I also acknowledge the irrigation medication as additional charges not covered by my insurance.

I request and authorize the doctor and/or such qualified assignees to perform the dental work listed above.