

KENNETH M. LUBRITZ, D.D.S., INC
PeriodonticsandDentalImplants
2500 Fondren.Suite330
Fondren at Westheimer
Houston. TX 77063
Tel.713789-77676
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Consent to Periodontal Surgery

Patient/Guardiant: _____

Date: _____ Time: _____ Place: _____

- 1. I authorize Kenneth M. Lubritz, D.D.S. and whomever he may designate as his assistants, to perform upon _____ Periodontal Surgery consisting of _____. If any unforeseen, condition is found in the course of the surgery calling on Dr. Lubritz's judgment for procedures in addition to or different from those now planned. I request and authorize him to do whatever he feels advisable.**
- 2. The nature and purpose of the treatment, possible alternative treatment plans, the risks and complications have been fully explained to me (including those associated with oral bisphosphonates), I acknowledge that no guarantee has been made as to the results that may be obtained.**
- 3. I consent to the administration of conscious sedation anesthesia to be given by or under the direction of an anesthesiologist and to the use of such anesthetics and methods as they deem necessary. I consent to the administration of local anesthetic (no additional charge), nitrous oxide, and oral sedation at an additional charge.**
- 4. I certify that I have read and fully understand the above consent to Periodontal Surgery. The explanations there-in referred to were made, and all blanks or statements requiring insertion or completion were filled in as they appear here before I signed my name.**

Signed: _____ Date _____

Witness: _____ Date _____

Witness: _____ Date _____