

M. Ihsan Kayali, D.D.S
Periodontics & Implants Specialist

1111 W. Covina Blvd, Suite 220
San Dimas, CA 91773
(909) 599-9510

219 E. Badillo St.
Covina, CA 91723
(626) 966-9971

Informed Consent for Periodontal Examination

I, _____ authorized, permit and request Dr. Kayali and his staff to perform a comprehensive periodontal examination, which will allow for diagnosis and treatment planning purposes. This information affords you the most definitive data for making decisions about your periodontal treatment.

This may require dental X-Rays to evaluate the bone and root structure not visible during a clinical examination. Dental models may also be required to facilitate accurate treatment planning (for implant) and dental photographs maybe necessary to record existing dental conditions.

All records are confidential and are employed to provide you with the necessary information to make informed decisions regarding your periodontal care. We respect each patient individual right to accept or decline periodontal treatment but can only advise a patient of his or her treatment needs with proper diagnostic tools and a thorough examination.

Failure to permit any or all of the recommended examination procedures may preclude us from correctly identifying your individual needs and thus may render this practice unable to provide you with periodontal care.

We look forward to fully educating you on your periodontal needs and appreciate your understanding the importance of a current, accurate and complete periodontal examination.

Patient/Guardian Signature

Date

Witness

Date