surgeries close to facial nerves on rare occasions persistent numbness and/or pain of the lip, chin and gums.

III. LANAP COMPLICATIONS

LANAP post-surgical complications, if any, are usually milder, less severe and not as long lasting as conventional periodontal flap surgery complications.

IV. LANAP- NO GUARANTEE

LANAP, as with all periodontal procedures, may not be entirely successful in gum pocket reduction or new attachment. Success is not guaranteed. Nonetheless, other LANAP performing dentists report that almost 90% of LANAP treated patients required no LANAP re-treatment during the first 5 years after LANAP therapy.

V. NON-TREATMENT RISKS

Doing nothing can worsen my periodontal disease including increased gum pocket depth which predisposes to early (premature) teeth loss, infections, and abscesses. Lost teeth require replacement with costly implants, crowns, bridges, or partial/complete dentures.

VI. PATIENT COMPLIANCE

I agree to follo	ow Dr	's written and oral post-operative instructions
including post	-surgical oral hygie	ene and take medications given or prescribed. I also
agree to sched	ule regular periodo	ontal maintenance visits quarterly or as Dr.
	may recommen	nd to aid in maintaining my periodontal health.
Date	Patient or C	Guardian
Witness	24	_

LASER ASSISTED NEW ATTACHMENT PROCEDURE INFORMED CONSENT

I consent to therapy on n		performing LANAP (Laser Assisted New Attachment Procedure)	
I.	BENEFITS OF LANAP		
	LANAP therapy is designed to eliminate or substantially reduce periodontally diseased gums and/or pockets to help control or prevent future periodontal disease progression.		
	LANAP reduces periodontal gum pocket depth by facilitating:		
	A)	Dr's improved visualization of the laser-detached gum pocket soft tissue linings to aid scaling and root planing for removal of tartar (calculus).	
	B)	Re-attachment of the laser-treated gum tissues to the roots by promoting growth of new bone and/or root surfaces. LANAP treatments are generally less painful than flap surgical procedures. LANAP peer reviewed research proves predictable reattachment of gum tissue and bone growth to promote long term periodontal health and to preserve teeth.	
II.	ALTERNATIVE THERAPIES		
	Dr has explained to me alternatives, benefits, and potential complications of treatments for my periodontal disease as follows:		
	A)	Non-surgical root planing	
		After local anesthetic injections of my gums, root surfaces are scaled and deep cleaned (planed) to the bottom of any gum pockets by hand or ultrasonic instruments to remove bacterial plaque on teeth and root tartar (calculus) deposits.	
	B)	Periodontal flap surgery	
		After local anesthesia injections, flap surgery involves surgically incising my gum tissues. After the gums are flapped and surgically lifted away from my teeth, underlying diseased gum tissue is curetted out, roots planed, diseased bone trimmed and/or grafted. Finally the flap of gum tissue is closed with sutures.	
	C)	Complications	
		Non-surgical scaling and root planing alone may not eliminate or substantially reduce deep pockets. LANAP may be done for further periodontal pocket depth reduction if root planing does not shrink deep gum pockets. Periodontal surgery treatment risks include post-operative bleeding, infection, swelling, sinusitis and in	