

University of Limpopo, Faculty Of Dentistry, Medunsa Campus, Oral Health Centre
Consent for Periodontal Treatment form

I Minah Manyase the undersigned, of (address) 1628 Block E
Seshanguve, 0164 hereby give informed consent to be treated by the staff
and students of the MEDUNSA oral health centre.

The possible complications and side effects of periodontal treatment/surgery were explained to
me and I understood them, including the following:

- Following periodontal surgery, there is a possibility of increased sensitivity to cold/hot
which usually wears off with time. It may persist for longer periods.
- Aesthetics (appearance) may be compromised following surgery, as the crowns of the
teeth may look longer, and there may appear to be spaces in between the teeth,
depending on the type of treatment/surgery carried out.
- Treatment or surgery does not guarantee a cure/total elimination of the disease, but
halts it. Some cases may not respond to treatment.
- Success/Failure of treatment/surgery depends on good oral hygiene practice at home by
myself (the patient). I understand that by entering this treatment program I am
committing myself to completion of the treatment by the relevant operator (clinician or
student) and that multiple visits may be needed in order to insure a good outcome.

I understand that all records (e.g. radiographs, examination charts, files, photos, etc.) are the
property of the MEDUNSA oral health center, and will remain confidential. Records may
however be used for teaching, research and scientific publication purposes.

I declare that I am legally capable of forming consent and that the contents of this form have
been explained to me, and that I fully understand the scope, nature and purpose of the consent.

PATIENT SIGNATURE: Minah
WITNESS: 