

INFORMED CONSENT FOR RESORBABLE PERIODONTAL MATERIAL

4. There is a currently available material, (ZEMMIS, INC. HAS RIGHTS AFORM MEM LCE, PINDOLAN, GENE IL, PINDOL), is being recommended as an option in the treatment of my periodontal disease.

The procedure for inserting this periodontal material involves the same preparation as for normal periodontal surgery. After cleaning the tooth root, the material is placed between tooth root and gum tissue to encourage healing. The gum is repositioned and sutured such that the material is completely covered.

5. This material may benefit me by: (1) reducing periodontal pocketing and enhancing more predictable maintenance, (2) allowing regrowth of tissue already lost to disease, (3) eliminating the need for multiple surgeries, (4) initial surgery is less traumatic than other procedures which attempt to address this kind of bone attachment, and (5) improved long term results.

6. The use of the material is not expected to cause any greater risk as compared with normal periodontal treatment. The only additional risks which might occur are an increase of the material in the mouth. Risks normally associated with periodontal treatment include, but are not limited to: (1) gum recession, (2) infection, (3) loss of teeth, (4) sensitivity to hot and cold, (5) absence or perforation of the procedure covering the original site, (6) use of local anesthesia, and (7) multiple surgeries to bring the disease under control.

7. I understand that if I do not properly care for this implant this may increase the likelihood that the treatment will not succeed. This may require possible additional periodontal treatment. If an injury occurs, by signing this form I have surrendered any legal rights to which I otherwise would have been entitled.

8. If I do not wish to have this treatment, an alternative treatment will be performed. This may include standard periodontal surgery or other treatment as prescribed by Dr. Francesco Ingelfinger/Stephen or his assistant.

9. I understand that photographs, study models, radiographs and other diagnostic aids may be taken or used as part of this procedure. I give permission to Dr. Francesco Ingelfinger/Stephen or his assistant for their use for educational and scientific purposes.

10. I understand that I am free to refuse to participate in this procedure or to withdraw at any time.

11. Any questions I have about this procedure have been answered by Dr. Francesco Ingelfinger/Stephen/His assistant.

12. I certify that I have read this Informed Consent or it has been read to me, and I fully understand its content. My signature below means that I have freely agreed to participate in this procedure.

13. I understand that photographs, slides, study models, radiographs and other diagnostic aids may be taken or used as a part of this procedure. I give my permission to Dr. Francesco Ingelfinger/Stephen or his assistant for their use for educational, scientific and marketing purposes, including publication.

Witness to Signature

Patient's or Legal Guardian's Signature

Date

Date