

## Informed Consent for Distal/Proximal Wedge Procedure

I, \_\_\_\_\_, authorize Maria Kim, D.M.D., to perform the gum surgery listed above.

This procedure is done by removing a small piece of gum tissue that is either behind or in front of a tooth that has a periodontal pocket. The procedure involves incision into the gums and removal of gum tissue as well as shaping of the underlying bone.

Complications include, but are not limited to pain, swelling, bruises on the face, infection, bleeding, residual numbness that may be permanent, and perforation into the sinuses.

**All of my questions about this procedure have been answered to my satisfaction.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date