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INFORMED CONSENT DOCUMENT FOR THE USE OF OZONE TREATMENT FOR YOUR DENTAL CARE:

By signing this document, you give Dr. Stephen J. Gordon permission to apply ozone to your tooth or teeth, gingiva (gums), oral irritation, sore or problem area.

Important Information:

Ozone is a molecule of 3 oxygen atoms. Ozone has been shown to be safe and effective for the reduction of Bacteria, Virus and Fungus. It is more effective than Chlorine based disinfection agents and has the ability to decompose or breakdown into oxygen which is far safer than the by-products of chlorine based disinfectant breakdown.

The bottled water industry uses Ozone typically as the last treatment to the water prior to bottling, as Ozone will disinfect and usually breakdown in a short period of time.

There are uses for Ozone in medically related treatments.

Currently, Ozone is **NOT** approved by the FDA for dental treatment.

Ozone is currently being used in Europe, South Africa, Asia and Canada in connection with dental treatment. It has been shown to be effective in minimally invasive dental procedures to assist in the reduction of tooth sensitivity, gum line pockets, gum line irritation, halitosis (bad breath) and has been shown to assist in the reversal of the decay process in shallow, initial cavities (without the need for anesthetic, drilling or filling).

In cases where ozone is not effective or when the patient chooses not to have ozone therapy, other dental treatment may be performed or may be necessary. This treatment, usually at higher cost, may be performed by Dr. Stephen J. Gordon or by a Dental Specialist. These types of treatments include, but are not limited to: larger and/or deeper fillings, crowns or caps, root canal treatment, tooth extraction, oral or periodontal gum surgery.

The success of any dental treatment is often dependent upon a variety of factors which may or may not be in anyone's control. These factors may include, but are not limited to: duration of the existing problem, severity of the problem, health status of the patient and healing ability of the patient.

Guarantee:

We feel very comfortable in the ability of Ozone to reduce oral bacteria and therefore will guarantee, for 6 Months (from the date of usage for that particular problem), which if your Ozone treated area does not improve, we will credit you the amount that you paid for that treatment to be applied toward the cost of more routine or conventional therapy for that area.

By signing this form, you have read the above and have had any and all questions answered to your understanding and satisfaction.

I have chosen to have Ozone treatment

I have chosen NOT to have Ozone treatment

Signed: _____

Date: ____/____/____

Witness: _____