

CONSENT FOR THE EXTRACTION OF TEETH

You have the right to be informed about your condition and the various treatment alternatives that might be available. Once you have been given the risks and benefits associated with various treatment options you have the right and responsibility to make an educated decision as to whether or not to pursue such treatment. You present to our office today for the extraction of one or more teeth; it is important for you to understand why this treatment has been recommended and what risks and benefits are associated with this procedure.

The following teeth are to be removed: _____

The extraction of teeth is an irreversible process, and whether routine or difficult, is a surgical procedure. As in any surgery, there are some risks and they include, but are not limited to the following.

- post-operative swelling, bruising and discomfort in the surgical area which may require additional treatment.
- stretching of the corners of the mouth which may cause cracking or bruising, and may be slow to heal.
- post-operative infection which may require medical and / or surgical treatment.
- dry socket / intense jaw pain beginning a few days after surgery. This condition may require care to reduce discomfort; otherwise the condition is self limiting.
- injury or damage to adjacent teeth, fillings and / or crowns. Teeth with extensive fillings, teeth with crowns next to the tooth to be extracted and teeth with recurrent decay are most susceptible to damage.
- post-operative restricted mouth opening; this is normal for many patients, but may require active physical therapy in some cases. This is especially common when pre existing TMJ conditions exist.
- a small piece of root in the jaw may be left in place if its removal would increase the risk of other possible complications.
- bleeding; significant bleeding is not common but persistent oozing can be expected for several hours and, in some cases, up to 24 hours after surgery, for uncontrolled bleeding call the office or page the doctor for further instruction and help.
- with the extraction of lower back teeth, injury or trauma in the vicinity of a nerve underlying this area may result in pain, numbness, tingling, or other sensory disturbances in the chin, lip, cheek, gums, tongue or teeth which may persist for several weeks, months, or in rare instances, permanently. Should you experience numbness in one or more of these areas the day after surgery, it is very important that you make arrangements to return to our office for a thorough evaluation within the first few days following your surgery. Further treatment and / or surgery may be required in some cases.
- with the extraction of back upper teeth, opening of the sinus which may require additional treatment.
- sharp ridges or bone splinters may form later at the edge of tooth sockets. These sharp areas usually smooth out with time without treatment, but may, in some cases, require further surgery. Small pieces of bone may work through the gum tissues for 2 weeks or more after surgery.
- allergic reactions to any medications or anesthetics used in treatment.
- with the extraction of lower back teeth, jaw fracture.

During the course of treatment, unforeseen conditions may be revealed that may require minor changes to the surgical treatment plan. In this instance, I authorize my surgeon to use professional judgment to perform these surgical modifications they deem necessary and desirable to complete my surgery.

The anesthetic I have chosen for my surgery is: (Please check one)

- local anesthetic
- nitrous oxide and local anesthesia
- oral sedation and local anesthesia
- IV sedation and / or general anesthesia with local anesthesia

For those patients undergoing surgery with local anesthetic with or without nitrous oxide, there are some risks. These include, but are not limited to: discomfort, swelling, bruising, infection, prolonged numbness, dizziness, nausea and allergic reactions.

For those patients undergoing IV sedation and / or general anesthesia, there are some additional risks. These include, but are not limited to the following: inflammation at the site of an intravenous injection, which may cause prolonged discomfort and / or disability and which may require special care. Nausea and vomiting, although uncommon, may be unfortunate side effects of IV anesthesia. General anesthesia is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of complications that can lead to brain damage, stroke, heart attack or death.

Your obligations if IV anesthesia is used:

- Since anesthetic medications cause prolonged drowsiness, you must be accompanied by a responsible adult who can drive you home and stay with you until you have sufficiently recovered to care for yourself.
- During your recovery time, which may take up to 24 hours, you should not drive, operate complicated machinery or devices, or make important decisions.
- It is important for you to have an empty stomach prior to being sedated. It is your responsibility to make a truthful disclosure of all food and liquid taken prior to surgery. It is important that your stomach be completely empty at the time of surgery; failure to do so may lead to life threatening complications.
- Advise the doctor as to whether or not your daily (if any) medications were taken in the usual manner.

I understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions during or following treatment, I agree to report them to the doctor as soon as possible. I also agree to report any numbness that persists into the day after surgery.

I realize that no guarantees or assurances have been given by anyone regarding treatment results that may be obtained. I also understand that if I have any questions regarding my treatment, I am to ask the doctor prior to signing this consent.

I certify that I speak, read and write English and have read and fully understand this consent for surgery. Any questions that I had were answered by my doctor or his staff before this consent was signed.

I hereby acknowledge that I have read the foregoing and have discussed any questions or concerns I may have regarding my proposed treatment before signing this document.

Patient's Signature _____ Date _____

Doctor's Signature _____ Date _____