

Oral Surgery Extractions

Patient Information and Consent Form

BP: _____ / _____ P: _____

Patient's Name

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

Your diagnosis is:

Your planned treatment is:

Alternative treatment methods include:

Whether a procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. They include the following and others (initials):

- _____ 1. Swelling, bruising, and pain.
- _____ 2. Possible infection that might need more treatment.
- _____ 3. Changes in the bite or difficulty in opening the mouth because of stress on the jaw joint (TMJ) may happen.
- _____ 4. Possible damage to other teeth, tissue, or gum that is close to the one(s) being taken out (more often those with larger fillings or caps), or other tissues of the face or mouth might be harmed.
- _____ 5. It is very rare that the bones in the jaw will break, but it is possible in cases where the teeth are buried very deep in their sockets.
- _____ 6. Healing could take longer
- _____ 7. The place where the tooth was taken out could be very painful (dry socket)
- _____ 8. Bleeding or oozing can often happen for several hours, but a lot of bleeding is not common.
- _____ 9. Sharp ridges or bone splinters may form later at the edge of the hole where the tooth was taken out. These may need another surgery to smooth or remove.
- _____ 10. The hole where the tooth had been might need more care, or small pieces of tooth root might be left there to prevent damage to very important things like nerves or your sinus (a hollow place above your upper back teeth).
- _____ 11. The roots of the upper back teeth are often close to the sinus and sometimes a piece of the root can get into the sinus. An opening may occur from the sinus into the mouth that may need more treatment.
- _____ 12. Numbness, pain, or changed feelings in the teeth, gums, lips, chin, and/or tongue (including possible loss of taste) may occur. This is due to the closeness of tooth roots (mainly wisdom teeth) to the nerves which can be injured or damaged. Usually the numbness or pain goes away but in some cases may be permanent.

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date