



INFORMED CONSENT FOR TOOTH EXTRACTION

This is my consent for the dentist to perform the recommended tooth extraction as previously explained to me, or other procedures deemed necessary or advisable to complete the planned procedure.

Teeth to be extracted: _____

Location: _____

I understand that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to:

- 1. Swelling, bruising and pain:** This can occur with any surgery and vary from patient to patient and from one surgery to another.
- 2. Trismus:** This is limited opening of the jaws due to inflammation and/ or swelling in the muscles. This is most common with impacted tooth removal, but it is possible with any surgery.
- 3. Infection:** This is possible with any surgical procedure and may require further surgery and/ or medications if it does occur.
- 4. Bleeding:** Although significant bleeding can occur during or after surgery, it is not common. Some bleeding is, however, usual for most surgeries and is normally controlled by following the post-op instruction sheet.
- 5. Drug reactions:** A reaction is possible from any medication given and could include nausea, rash, anaphylactic shock and/ or death. It is now appreciated that antibiotics will inactivate most birth control pills. Sexually active women who take birth control pills should use another method of contraception for the remainder of the menstrual cycle if antibiotics are prescribed.
- 6. TMJ dysfunction:** This means the jaw joint (temporomandibular joint) may not function properly and, although rare, may require treatment ranging from use of heat and rest to further surgery.
- 7. Reaction to local anesthetic:** Certain possible risks exist that, although uncommon or rare, could include pain, swelling, bruising, infection, nerve damage, idiosyncratic or allergic reactions. In very rare and unpredictable cases the reactions to anesthesia medications can be life threatening.
- 8. Dry socket:** This is a significant pain in the jaw and ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth but is possible with any extraction. It occurs more frequently in patients who smoke after surgery. This may require additional office visits to treat.

10. **Damage to other teeth and/or dental restorations:** Due to the proximity of the teeth, it is possible to damage other teeth and/or dental restorations when a tooth is removed.

11. **Sharp ridges or bone splinters:** Occasionally, after an extraction, the edge of the socket will be sharp, or a bone splinter will come out through the gum. This may require another procedure to smooth the bone or remove the bone fragment.

12. **Incomplete removal of tooth fragments:** There are times the doctor may decide to leave a small fragment or root of a tooth to avoid damage to adjacent structures such as nerves, sinuses, etc., or when removal would require extensive further surgery.

13. **Numbness:** Due to the proximity of roots of lower teeth to the nerve, it is possible to bruise or damage the nerve with removal of a tooth. The lip, chin and/ or tongue could feel numb, tingling or have a burning sensation. This could remain for days, weeks, or very rarely, permanently.

14. **Sinus involvement:** Due to the location of the roots of the upper teeth to the sinus, it is possible that an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. A possible infection could develop and may require medication and/ or later surgery to correct.

15. **Fracture of the jawbone:** On rare occasions, when the jawbone has been weakened by preexisting conditions, the force required to remove a tooth may cause the bone to break. This may require further surgery to correct.

_____ (Initial) I consent to the administration of local anesthesia as deemed necessary by the dentist to accomplish the proposed procedure and understand that certain risks are inherent in any anesthetic or sedation procedure.

_____ (Initial) I have had an opportunity to discuss with the doctor my complete medical and health history including any serious problems, injuries, pregnancy, or drug use. I certify that I have not omitted or concealed any significant facts regarding my past or present health.

_____ (Initial) I agree to cooperate completely with the recommendations of the doctor while I am in his/her care, realizing that any lack of the same could result in a less than optimum result.

_____ (Initial) **IT IS MY RESPONSIBILITY TO CONTACT THE DENTIST AND SEEK ATTENTION SHOULD ANY UNDUE CIRCUMSTANCES OCCUR POST OPERATIVELY, AND I SHALL DILIGENTLY FOLLOW ANY PREOPERATIVE AND POST-OPERATIVE INSTRUCTIONS GIVEN TO ME.**

INFORMED CONSENT

I have been given the opportunity to ask all questions regarding the nature and purpose of extraction of teeth and have received answers to my satisfaction. I have been given the option of seeking care with an oral and maxillofacial surgeon and voluntarily assume all possible risks, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. By signing this form, I am freely giving my consent to allow and

authorize Dr. _____ to render any treatment necessary or advisable to my dental conditions, including all anesthetics and/or medications.

(Initial) RETENTION OF DOCUMENTS RELATING TO YOUR CARE AND AGREEMENT. By signing this, you understand and agree that it is our policy to scan original documents and store documents in an electronic form. Further, you agree that any agreement bearing scanned signature, which is printed from the electronic form, has the same force and effect as the original document.

Patient's Name (Printed): _____ Date: _____

Patient's Signature: _____ Date: _____

Dentist's Signature: _____ Date: _____

Witness's Name: _____ Witness's Signature: _____ Date: _____
