



## Oral Surgery and Tooth Extraction Informed Consent

Tooth/Teeth #(s) \_\_\_\_\_

I understand that the extraction of a tooth (teeth) has been recommended by my dentist. I have had any alternative treatment (if any) explained to me, as well as the consequences of doing nothing. I understand that non-treatment may result in, but not be limited to: infection, swelling, pain, periodontal disease, malocclusion (damage to the way the teeth hit together) and systemic disease/infection.

I understand that there are risks associated with any dental, surgical, and anesthetic procedure. These include, but are not limited to:

1. **Injury to the nerves:** This would include injuries causing numbness in the head or neck. The numbness may be temporary, lasting a few days, weeks, or months, or could be permanent.
2. **Bleeding, bruising, and swelling:** Some bleeding is normal, if profuse contact us. Bruising and swelling may occur and can last up to a week.
3. **Dry Socket:** This occurs on occasion when the blood clot in an extraction socket is lost or damaged.
4. **Sinus involvement:** In some cases, the root tips of upper teeth lie in close proximity to sinuses. If sinus involvement occurs, there may be follow up surgeries to address the issue.
5. **Infection:** No matter how carefully surgical sterility is maintained, it is possible due to a non sterile oral environment for issues to occur post operatively. This may become severe and should receive attention as soon as possible.
6. **Fractured jaw, roots, bone fragments, or instruments:** The jaw, tooth roots, bone spicules, or instruments used in the extraction procedure may fracture requiring retrieval and possible referral to a specialist. A decision may be made to leave a small piece of root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery, which could cause more harm.
7. **Injury to adjacent teeth or fillings:** This could occur at times no matter how carefully surgical and/or extraction procedures are performed.

### Informed Consent

As a patient, I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of harm, if any, 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. I consent to allow and authorize the Doctor to render any treatments necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

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Signature

Date

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Print Name