

## ORAL SURGERY/ EXTRACTION CONSENT

I, \_\_\_\_\_ understand that Oral Surgery and/or Dental Extractions include possible inherent risks such as, but not limited to the following:

1. *Injury to the nerves:* This would include those nerves of the lips, tongue, the tissues in the floor of the mouth and/or the cheeks, etc. This numbness which could occur may be for a temporary nature lasting a few days, a few weeks, a few months or possibly permanent.
2. *Bleeding and/or bruising:* Bleeding could last for several hours. Should it persist, particularly being severe in nature, it should receive attention. Bruising may possibly be prolonged.
3. *Dry Socket:* This occurs on occasion when teeth are extracted and is a result of a blood clot not forming properly during the healing process. Dry sockets can be extremely painful.
4. *Sinus Involvement:* In some cases, the root tips of upper teeth lie in close opposition to the tissues of the sinuses. During extraction of surgical procedures, this sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically repaired.
5. *Infection:* No matter how surgical sterility is maintained, it is possible, because of the existing no sterile or infected oral environment, infection may occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, attention should be received as soon as possible.
6. *Fractured jaw, roots or bone fragments:* There is a possibility, even though extreme care is exerted, that the jaw, teeth, roots or bone spicules may be fractured which may require referral to a specialist. A decision may be made to leave a small piece of root or bone fragment in the jaw when its removal would require extensive surgery and/or risk of complications.
7. *Injury to adjacent teeth or fillings:* This may occur at times no matter how carefully surgical and/or extraction procedures are performed.
8. *Bacterial endocarditis:* Because of the normal existence of bacteria in the oral cavity, should the tissue of the heart, because of reason known or unknown, be susceptible to bacterial infection transmitted through blood vessels, bacterial endocarditis (an infection of the heart) may occur. If any heart problems are known or suspected, I must inform the dentist of these problems.
9. *Unusual reactions to medications given or prescribed.* Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render this contraceptive ineffective. Caution must be exercised to utilize other methods of contraceptives during treatment period.
10. It is my responsibility to seek attention should any undue circumstances occur postoperatively and I shall diligently follow any preoperative instructions given to me.

**INFORMED CONSENT:** I, \_\_\_\_\_ have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and have received answer to my satisfaction. I have been given the option of seeking care with an oral and maxillofacial surgeon. I do voluntarily assume any and all possible risks, including the risks of substantial harm, if any, which is 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. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize \_\_\_\_\_ and/or his/her associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Signature Patient/Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_