

CONSENT FOR ORAL SURGERY

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.
You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits. Your Planned Treatment:

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

_____ Swelling, bruising and pain.

_____ Possible infection that might need more treatment.

_____ Changes in the bite or difficulty in opening the mouth because of stress on the jaw joint (TMJ) may happen.

_____ Possible damage to other teeth close to the ones being taken out, (more often those with large fillings or caps), or other tissues of the face or mouth might be harmed.

_____ It is very rare that the bones of the jaw will break, but it is possible in cases where the teeth are buried very deep in their sockets.

_____ Healing could take longer.

_____ The place where the tooth was taken out could be very painful (dry socket).

_____ I might have a reaction to a medicine.

_____ Sharp ridges or bone splinters may form later at or near where the tooth was taken out. These may need another surgery to smooth or remove.

_____ The hole where the tooth had been might need more care, or small pieces of the tooth root might be left there to prevent damage to very important things like nerves or a sinus (a hollow place above your upper back teeth).

_____ Upper back teeth are often close to the sinus and sometimes the tooth or a piece of root can get into the sinus and need more treatment. An opening may occur from the sinus into the mouth that may need more treatment.

_____ The roots of the lower teeth might be very close to the sensory nerve and after the surgery; there might be pain or a numb feeling in the chin, lip, cheek, gums, teeth or tongue. It is possible that you might lose your sense of taste. This might last for weeks or months and can be permanent.

_____ Tissue could be unexpectedly found that is deemed necessary for pathological examination to rule out or adequately work up any pathological process. I give my consent to have the tissue submitted.

_____ I consent to have topical or local anesthesia administered for any procedure where it is deemed necessary.

_____ If I am having a socket graft (bone graft) procedure, I have been informed to my satisfaction of the nature of the graft material to be used.

_____ I recognize that the office policy of this facility is to not electively treat patients with advanced directive, Do Not Resuscitate (DNR) orders. If I have such an order, I waive it and agree to be resuscitated for this anesthesia / surgical procedure.