

ORAL AND MAXILLOFACIAL SURGERY CONSENT FORM

Dear Patient;

You have a right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo a procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you. It is simply an effort to better inform you so that you may give your informed consent to the procedure.

POSSIBLE COMPLICATIONS OF;

1. ALL SURGERIES

- A. Soreness, swelling, bruising and restricted mouth opening during healing sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ), especially when TMJ problems already exist.
- B. Bleeding, usually controllable, but may be prolonged and require additional care.
- C. Drug reaction or allergies.
- D. Infection, possibly requiring additional care.

2. ALL TOOTH EXTRACTIONS

- A. Dry Socket (discomfort occurring a few days after extractions requires additional care)
- B. Damage to adjacent teeth, fillings or crowns.
- C. Sharp ridges or bone splinters: may require additional surgery to smooth area.
- D. Portions of a tooth remaining: sometimes fine root tips break off and may be deliberately left in place to avoid causing damage to nearby vital structures such as nerves or sinuses.

3. LOWER TEETH

- A. NUMBNESS: Due to the proximity of the roots to the nerve (especially wisdom tooth) it is possible to injure the nerve during removal of the tooth. The lip, chin, gums, tongue or cheek could thus feel numb (resembling local anesthetic Injection). This could remain for days, weeks or rarely, permanently,

4. UPPER TEETH

- A. SINUS INVOLVEMENT; Due to the closeness of the roots of the upper back teeth to the sinus or from a root tip being displaced into the sinus, a possible sinus infection and/or sinus opening may result, which may require medication and/or later surgery to correct.

5. ANESTHESIA

- A. LOCAL ANESTHESIA: Although rare, certain possible risks exist. These include pain, swelling, bruising and infection. Nerve damage and unexpected allergic reactions which could result in heart attack, stroke, brain damage and/or death.
- B. INTRAVENOUS OR GENERAL ANESTHESIA: Although rare, certain possible risks exist. These Include nausea, pain, swelling, inflammation and/or bruising at the injection site. **IF I AM TO HAVE GENERAL ANESTHESIA, I UNDERSTAND THAT I AM TO HAVE NO FOOD OR LIQUIDS FOR SIX HOURS BEFORE MY APPOINTMENT, AS TO DO OTHERWISE COULD BE LIFE THREATENING!** RARE complications include nerve or blood vessel injury (phlebitis) in the arm or hand, allergic or unexpected drug reaction, pneumonia, heart attack, stroke, brain damage and/or death.

PATIENT NAME _____

I hereby authorize Dr. _____ and staff to perform the following procedures:

_____ and to administer the anesthesia I have chosen. I understand that my Doctor may find other or different conditions that may require additional or different procedures than planned. I authorize him to perform such as he deems necessary in order to complete my surgery. I have been read and discussed the preceding with (DR. _____ and believe I have been given sufficient information to give my consent to the planned surgery.

PATIENT OR LEGAL GUARDIAN _____

DATE _____

WITNESS _____

DATE _____

DOCTOR _____

DATE _____