

## INFORMED CONSENT FOR EXTRACTION(S)

1. I, \_\_\_\_\_, hereby authorize and request that Dr. \_\_\_\_\_ and his assistants perform the following extractions on teeth/tooth number(s) \_\_\_\_\_.

2. I am aware that an extraction involves the surgical removal of the tooth structure and root system of that tooth and surrounding bone and tissue. The extraction will be done either surgically, by sectioning the tooth, or by a simple extraction, by elevating the tooth out of its socket. The instruments that will be used will depend upon the nature and extent of the extraction but typically instruments that I use include a handpiece, elevators, forceps, and rongeurs. After the tooth is extracted, I also understand that sutures may be utilized.

3. I am aware that there are possible risks and complications from the surgical extraction of teeth which include the following:

- (a) Pain, bleeding, and swelling.
- (b) Discoloration and bruising.
- (c) Infection (requiring additional procedures).
- (d) Numbness, altered sensation, tingling sensation to the lip, chin, cheeks, gums, teeth and tongue (which may be permanent).
- (e) Changes in bite, chewing, eating, and speaking.
- (f) MPD (jaw muscle pain) and TMJ (jaw joint pain and injury to the joints); dislocation of the jaw joint.
- (g) Dry socket; inadequate clot formation; prolonged healing; requiring medicated packing.
- (h) Allergic reaction and/or rashes.
- (i) Nausea and vomiting.

- (j) Sinus hole, sinus perforation, and/or sinus involvement necessitating further surgery.
- (k) Fractured jaw, requiring further treatment.
- (l) Fractured root tip and/or fractured root, formation of bony splinters.
- (m) Residual root/tooth structure being left behind requiring another procedure.
- (n) Phlebitis (inflammation of blood vessels).
- (o) Injury to and stiffening of the neck and facial muscles.
- (p) Lacerations, abrasions, scars, and retraction marks.
- (q) Referred pain and injury to the ear, neck, and head.
- (r) Injury to and loss of other teeth and fillings including those with fillings, crowns, and bridges and damage to surrounding bridges as well as restorations.
- (s) Injury to the gum tissues and surrounding bone in the jaw.

4. I understand that, should any of the complications in paragraph 3 above occur, that I may require such further and other surgical procedures as may be necessary to perform. Should Dr. \_\_\_\_\_ encounter an emergency situation, during any complication during the extraction of any of my teeth, I hereby authorize him with my consent to perform such surgical procedures as he deems necessary.

5. I know that Dr. \_\_\_\_\_ does not guarantee the success of the treatment that he performs upon me. I know that there are known and accepted complications from surgical procedures that can occur even when the dentist has acted reasonably and properly. I hereby authorize him to undertake my treatment knowing these potential risks.

6. Dr. \_\_\_\_\_ has explained to me all possible alternative treatments involved besides extraction. He has explained to me that my alternatives may include but are not limited

to the following: Leaving the tooth in, performing a root canal, and trying to restore the tooth with appropriate restorative procedures. He has also explained to me the risks with respect to each and every one of these alternatives and I hereby reject those alternative treatments and request that he perform the extraction(s).

7. I hereby acknowledge that Dr. \_\_\_\_\_ has explained to me both through my reading of this informed consent form and also that he has verbally explained to me in detail the surgery, risks involved, alternative treatments, and the risks attendant to those alternatives. I hereby authorize him to operate.

Date: \_\_\_\_\_

Signature of Patient:

\_\_\_\_\_

Witness: \_\_\_\_\_

Legal Guardian:

\_\_\_\_\_