

Informed Consent for Oral Surgery/Extractions

Treatment: _____ Blood pressure: Systolic____/Diastolic____ Oxygen Saturation: _____

I understand that oral surgery and/or dental extractions include inherent risks such as, but not limited to the following:

1. **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 if not treated. These usually develop 3-4 days after surgery.
2. **Infection:** No matter how careful we are infection could happen after surgery which may require antibiotics. Should this happen please contact the office so we MAY provide you with a prescription.
3. **Bleeding, bruising and swelling:** Some moderate bleeding may last several hours. If profuse, you should contact us as soon as possible. Some swelling is normal, but if severe you should contact our office. Swelling usually starts to subside after 48 hours. Bruises may persist for a week or so.
4. **Injury to the nerves:** This could occur no matter how carefully surgery/extractions are performed. Some signs are, numbness of lips, the tongue, and any tissues of the mouth and/or cheeks or face. The numbness which could occur may be of a temporary nature, lasting a few days, few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures of anesthetic administration.
5. **Sinus Involvement:** In some cases, the root tips of upper teeth lie in close proximity to the sinuses. Occasionally during extraction or surgical procedures the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed, as root tips may need to be retrieved from the sinus.

Bone grafting if required: Bone grafting involves opening the gums in the area to expose the existing bone. This is then followed by placing the bone material in such a manner to augment the existing bone. I acknowledge that the graft material may be a human donor, synthetic or animal source. All the materials used are in conjunction with these procedures comply with government regulations. I understand this and give consent: _____

Informed Consent

It is my responsibility to seek medical attention should any undue circumstances occur post- operatively and I shall be diligently following any pre-operative instructions given to me.

As a patient I have been given the opportunity to ask any questions regarding the nature and purpose of the surgical procedure and have received answers to my satisfaction. I do voluntarily assume any and all possible risks. By signing this form, I am freely giving my consent for surgery to be performed.

Patient name: _____ Witness: _____

Signature of Patient/Guardian: _____ Date: _____