

Consent for Extraction of Teeth

Extraction of teeth is an irreversible process and whether routine or difficult is a surgical procedure, there are some risks. They include, but are not limited to:

1. Swelling and or bruising and discomfort in the surgery area.
2. Stretching of the corners of the mouth resulting in cracking and bruising.
3. Possible infection requiring further treatment.
4. Dry Socket-Jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from lower extractions, especially wisdom teeth.
5. Possible damage to adjacent teeth, especially those with large fillings or crowns.
6. Numbness or altered sensation in the teeth, lip, tongue and chin due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or injured. Sensation most often returns to normal, but in rare cases the loss may be permanent.
7. Trismus -limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is a result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
8. Bleeding- significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form at the edge of the socket. These may require another surgery to smooth or remove them.
10. Incomplete removal of tooth fragments- to avoid injury to vital structures such as nerves or sinuses, sometimes small root tips may be left in place. Sinus Involvement: The roots of upper back teeth are often close to the Sinus and sometimes a piece of root can be displaced into the sinus, or an opening may occur into the mouth which may require additional care.
11. Jaw Fracture-while quite rare, it is possible in difficult or deeply impacted teeth.

Most procedures are routine and serious complications are not expected. Those which do occur are most often minor and can be treated.

Teeth to be removed _____

Extraction involves the complete removal of a tooth from the mouth. Some extractions may require cutting into the gums and removing supporting bone and/or cutting into sections prior to removal.

The intended benefit of the extraction is to relieve my current symptoms and/or permit me to continue with any additional treatment I may need.

I realize that in spite of possible complications and risks, my recommended extraction/surgery is necessary. I am aware that the practice of dentistry and surgery is not an exact science and I acknowledge that no guarantees, warranties or representations have been made to me concerning the results of the operation or procedure.

I have provided an accurate and complete medical and personal history , including antibiotics, drug or other medications I am currently taking as well as those I am allergic to.

Depending on my diagnosis, there may or may not be alternatives to extraction that involve other types of dental care including Root Canal therapy, filling, crown, gum treatment or other treatment and I have been advised of it but have chosen to proceed with extraction.

I have read and understand the above, and my questions have been answered. I recognize there can be no warranty as to the outcome of treatment, and I give my consent for surgery.

Patient or legal guardian _____ Date _____

Witness _____ Date _____

Doctor _____ Date _____