

## INFORMED CONSENT DENTAL EXTRACTION(S)

Last \_\_\_\_\_

First \_\_\_\_\_

I have been advised that the following tooth/teeth will be extracted: (date) \_\_\_\_\_

A	B	C	D	E	F	G	H	I	J
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	T	S	R	Q	P	O	N	M
L	K								

Additional Comments: \_\_\_\_\_

### **Proposed Treatment:**

Extraction involves removing one or more tooth. This may require cutting the tooth or gums or removing bone.

### **Benefits and Alternatives:**

The proposed treatment will help to relieve your symptoms and may also enable you to proceed with this further proposed treatment. Viable alternatives (if any) to these procedures have been explained and are the most appropriate treatment for this condition.

Other: \_\_\_\_\_

### **Possible Risks:**

A local anesthetic will be given before extraction. After the anesthetic has worn off, pain may be experienced, for which medication can be prescribed. Besides discomfort or pain, side effects following extraction may include swelling and bruising.

### **Other possible side effects include but are not limited to:**

**Trismus.** This means a temporary limitation in the opening of the jaw, due to inflammation and/or swelling of the muscles. It is most common with impacted tooth removal, but is possible with almost any surgery.

**Infection.** This can happen as a result of any oral surgery due to the number of bacteria in the mouth, and may necessitate medication and/or further surgery.

**Bleeding.** Some bleeding is expected following most oral surgeries and is normally controlled if the patient carefully follows the written post-operative instructions. Heavy bleeding can occur, which might require the doctor's assistance to control, but it is not common.

**Drug Reactions.** Any medication can cause adverse reactions, including but not limited to nausea, rash, anaphylactic shock and even death. It is absolutely imperative that you tell your doctor, and your anesthesiologist if one is involved in your case, of any drug reactions that have occurred in the past.

**TMJ Dysfunction.** This is a rare complication, where the jaw may be injured and may not function properly, requiring treatment ranging from heat and rest to further surgery. A pre-existing problem with clicking, popping problems with opening or chewing and pain may be aggravated by the prolonged opening required with mouth surgery.

**Dry Socket.** This is a condition that can cause varying degree of pain, but is not a dangerous complication. It is caused by loss of the blood clot in the socket of a removed tooth. It most commonly occurs after the removal of lower wisdom teeth but is possible after any extraction, and may require additional office visits for treatment and pain relief. The pain from dry socket may radiate from the jaw into the ear.

**Damage to Other Fillings and/or Teeth.** This can occur due to the very small operative field and the closeness of diseased teeth to healthy teeth.

(continued on other side)

**Sharp Ridges or Bone Splinters.** Sometimes, after an extraction, the edges of the tooth socket will be sharp, or a bone splinter will come out through the gum. This may require another surgery to smooth or remove the bone.

**Incomplete Removal of Tooth Fragments.** The doctor may decide to leave in a fragment or root of a tooth in order to avoid damaging nearby nerves, blood vessels, sinus, etc.

**Numbness.** Because of the closeness of roots to nerves, especially with wisdom teeth, it is possible to bruise or damage a nerve when removing a tooth. As a result, the lip, chin and/or tongue may tingle or have a burning sensation. This could continue for weeks to months. Very rarely is it permanent.

**Sinus Problems.** Because of the closeness of the roots of teeth (especially upper back teeth) to the sinus, it is possible that an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. This can be result in a sinus infection and/or persistent opening from the mouth to the sinus and may require medication and/or later surgery for correction.

**Corners of Mouth.** Stretching of the corners of the mouth can result in cracking or bruising.

**Jaw Fracture.** While quite rare, it is possible in extracting teeth or with extensive lesions or with thin jaws.

## ANESTHESIA

**Local Anesthesia.** The numbing process, nerve pathways are blocked. Serious complications are rare. Risks include pain, swelling, bruising, trismus, infection, nerve damage, allergic reactions, increased heart rate or fainting.

**Nitrous Oxide/Oral Sedation.** By swallowing a small pill and/or breathing “laughing gas” anxiety can be reduced. This relaxation technique will not put you to sleep. Serious complications are uncommon. The risks include nausea, vomiting, allergic reaction or an increase in anxiety.

**I.V. Sedation.** The intravenous application of medications will alter awareness of the procedure by producing General Anesthesia amnesia or sleep. Uncommon complications include: nausea, vomiting, inflammation and/or bruising at the injection site (phlebitis) or prolonged drowsiness. Rare complications include nerve damage to arms, allergic reactions, pneumonia, heart attack, stroke, brain damage and death.

**Nitrous oxide, oral sedatives and I.V. Sedation are not used by all doctors. Please check with the doctor’s office. I have not taken and will not take any undisclosed medications, alcohol or drugs prior to treatment or surgery.**

Consequences of not Performing Treatment:

This course of treatment will help to relieve your symptoms or correct your condition. If no treatment were performed, you may continue to experience symptoms, which could include pain and/or infection, deterioration of the bone surrounding your teeth, changes to your bite, discomfort in your jaw and possibly the premature loss of other teeth.

Every reasonable effort will be made to ensure that your condition is treated properly, although it is not possible to guarantee perfect results. It is important to abide by specific prescriptions and instructions given by your doctor. By signing below, you acknowledge that you have received adequate information that all of your questions have been answered fully and you give consent for the proposed treatment as described above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient, Parent or Guardian (if minor patient)