



Consent Form - Dental Extraction & other Oral Surgery Procedures

Part 1 - Patient Doctor Information

Date: _____

Patient Name: _____

Doctors Name: _____

In order for me to make an informed decision about undergoing a procedure, I should have certain information about the proposed procedure, the associated risks, the alternatives and the consequences of not having it. The Doctor has provided me with this information to my satisfaction. The following is a summary of this information. This form is meant to provide me with the information. I need to make a good decision; it is not meant to alarm me.

Part 2 – Details of consent

Recommended treatment

I authorize upon: _____ the following procedure(s) and treatment:
_____.

By: _____ also consent to such additional or alternative procedures that may be found immediately necessary during the course of such procedures or treatment.

The nature and purpose of the proposed treatment, possible alternatives, the risks involved and the possible complications have been explained to me by my Doctor.

Alternatives to surgery

Potential risks to my health if these teeth are not removed include but are not limited to:

- Infection
- Cyst or tumor formation
- Periodontal disease
- Increased risk of complications if removal is required at a later time

Possible complications

I have been informed and understand that occasionally there are complications, which include but not limited to:

- Pain and/or swelling
- Bleeding and/or bruising
- Dry socket
- Infection
- Numbness and tingling of the lip, chin, gums, teeth, cheek and tongue which could possibly be permanent
- Decision to leave a small piece of root when its removal requires extensive surgery and increases the risk of complications
- Limitation of jaw function
- Post-operative unfavorable reactions to drugs, such as diarrhea, nausea, vomiting and allergy.

Other procedures

During the course of the procedure, my Doctor may discover other conditions that require an extension of the planned procedure, or a different procedure altogether. I request that my Doctor performs the procedures that he thinks are better to do at this sitting rather than later on.

Anesthetic

- Local anesthesia only
- Local anesthesia with Intravenous (IV) sedation

Anesthetic risks include discomfort, nausea/vomiting, dizziness and allergic reactions. There may be inflammation at the site of an intravenous injection, which may cause prolonged discomfort and may require special care.

I acknowledge that no guarantee or assurance can be made as to the results that may be obtained.

Part 3 - My responsibility

I agree to cooperate completely with my Doctor recommendations while under his care. If I don't fulfill my responsibility, my results could be affected. Smoking increases the risk of post-operative complications. Therefore, my Doctor has recommended that I stop smoking two days prior to the scheduled surgical procedure and up to two weeks following the completion of the procedure. I have provided as accurate and complete medical and personal history as possible, including those antibiotics, drugs, medications, and foods to which I am allergic. I will follow any and all instructions as explained and directed to me, and permit all required diagnostic procedures. I have had an opportunity to discuss my past medical and health history including any serious problems and/or injury with my Doctor.

Part 4 – Miscellaneous

Fees

I know the fee that I am to be charged. As a courtesy to me, the office staff will help prepare the insurance claims should I be insured. However, the agreement of the insurance company to pay for medical expenses are a contract between the insurance company and myself and does not relieve my responsibility to pay for services provided. Some and perhaps all of the services provided may not be covered or not considered reasonable and customary by my insurance company. I am responsible for paying all co-pays and deductibles at the time services are rendered.

Part 5 – Signature

Understanding

I have read and understand this form. I have been encouraged to ask questions, and am satisfied with the answers. I have read this entire form. I give my informed consent for surgery and anesthesia.

Someone at my Doctor’s office has explained this form, my condition, the procedure, how the procedure could help me, things that can go wrong, and my other options, including not having anything done. I want to have the procedure done.

I authorize my Doctor to perform the procedure listed in the title above. I know that I am free to withdraw from treatment at any time.

Patient signature: _____ Date: _____

OR

Patient guardian: _____ Date: _____

If not the patient, what is your relationship to the patient? _____

I have explained the condition, procedure, benefits, alternatives, and risks described on this form to the patient or representative.

Doctor: _____ Date: _____