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CONSENT FOR ORAL SURGERY

_____
Patient's Name Date

You have the right to be informed about your diagnosis and planned surgery so that you can make a decision whether to undergo the procedure after knowing the expected outcome, risks and hazards.

Your diagnosis is:
_____
Your Planned Treatment is:_____
Alternative treatment: methods include: _____

POSSIBLE COMPLICATIONS OF:

A. ALL SURGERIES
1. Soreness, swelling, bruising and limited mouth opening during healing, which can be due to swelling and muscle soreness or stress on the jaw joints (TMJ), especially when TMJ problems were there before surgery.
2. Bleeding – oozing can often happen for several hours, but a lot of bleeding is not common.
3. Drug reactions or allergic reactions, possibly needing more treatment.
4. Infection, possibly needing more treatment.

B. ALL TOOTH EXTRACTIONS
1. Dry socket -- pain occurring a few days after extraction, needing further care.
2. Damage to other teeth close to the ones being taken out, more often those with large fillings or caps.
3. Sharp ridges or bone splinters which may need more surgery to smooth the area.
4. Portions of tooth remaining. Sometimes fine root tips break off and may be left in place on purpose to prevent damage to nearby things such as nerves or sinus.
5. Fracture of the jaw or of smaller portions of bone that supports teeth.

C. LOWER TEETH
Numbness: Numbness, pain, or changed feelings in the teeth, gums, lip, chin and/or tongue (including possible loss of taste). This is due to the closeness of tooth roots (mainly with wisdom teeth) to the nerves which can be injured or damaged. Usually the numbness or pain goes away, but in some cases, it may be permanent.

D UPPER TEETH
Sinus involvement: Due to the closeness of the roots of upper back teeth to the sinus, or from a root tip being shifted into the sinus, a possible sinus infection and/or sinus opening may result, which may need medication and/or later surgery to correct.

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E. ANESTHESIA
Local anesthesia: Although there are few risks, there could be allergic reactions, some later pain and swelling, and the very small possibility of nerve damage from the needle itself.

If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

_____
Patient's (or Legal Guardian's) Signature Date

_____
Doctor's Signature Date

_____
Witness' Signature Date