

INFORMED CONSENT FOR EXTRACTIONS

Diagnosis and Recommended Treatment: After a thorough oral examination and study of my dental condition, my periodontist has recommended that one or more of my teeth be extracted. This procedure is known as a surgical extraction because an incision will be made in gum tissue or bone will be removed to gain access to the tooth.

Side Effects can be: Pain, swelling, or bleeding for a time after the extraction. I will give you instructions on how to manage these problems which; if they occur, should only last for a short while. Of course, should any of these problems be more severe or last longer than you anticipated call our office immediately.

You may experience an infection following the extraction. I will advise you what to look for as a sign of infection. If any of these signs occur you should call or see me as soon as possible. Infections can involve aggressive bacteria and in some cases may require hospitalization.

Teeth adjacent to the tooth to be extracted may be chipped, damaged or lost during extraction.

Nerves which supply sensation to your mouth, chin, lips, tongue and gum tissue may run near the area of the extraction. After the extraction you may experience some alteration of normal nerve sensation (itching, burning or tingling) for a short or indefinite period of time. In some rare instances you may experience a total lack of sensation for a period of time, which could be indefinite.

You may experience a painful but harmless condition known as dry socket. This occurs when the protective blood clot in the socket where the tooth was removed is dislodged, exposing and irritating nerve endings. This may be caused by failing to closely follow post-operative instructions that have been given to you. Although the condition is temporary and not harmful, it is painful. It can be readily treated and you should seek treatment from your periodontist. Medicine will be placed in the socket that will soothe and protect it while alleviating the pain.

For teeth in the upper jaw there is a risk that following the extraction a hole or pathway may be present between the sinus and oral cavity. This is because the roots of some of the upper teeth end just below the floor of the sinus and sometimes actually go through the sinus floor. If this occurs during your procedure, I may need to make a small surgical repair of the hole and may place you on antibiotics and antihistamines to reduce the risk of a sinus infection.

Following the procedure the muscles of your jaw may be stiff and sore and it may be difficult to open your mouth wide for several days. This is a temporary condition and moist heat and analgesics will usually provide symptomatic relief. You may also experience some cracking or redness in the corners of your mouth.

PATIENT CONSENT

I have been fully informed of the nature of surgical extractions, the procedure to be utilized, as well as any risks involved. I have been informed of the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of surgical extractions as presented to me during consultation and in the treatment plan presentation or as describe in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

DATE

PRINTED NAME OF PATIENT, PARENT, or GUARDIAN

SIGNATURE OF PATIENT, PARENT OR GUARDIAN

DATE

PRINTED NAME OF WITNESS

SIGNATUE OF WITNESS