Consent for Extraction

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Patient First Name: Patient Last Name: DOB: Tooth/Teeth #:

The purpose of this document is to provide written information regarding the risks, benefits and alternatives of the procedures named above. This material serves as a supplement to the discussion you have with your dentist. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your dentist prior to signing the consent form.

THE PROCEDURE

An Extraction is a procedure that 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 the tooth into sections prior to removal. In some cases, a collagen plug (membrane) or allograft bone may be placed during the extraction to aid in healing, and to prepare for a restoration upon a later date. There may be additional charges should the doctor deem these procedures necessary. You will be given a local anesthetic before your procedure. With local anesthesia, an injection of drugs causes numbness in the exact location of this dental procedure. The doctor will make an incision in the gum tissue to expose the root of the tooth to be extracted. The doctor may use dental hand instruments or a dental bur to remove the roots of your tooth. Any sharp, or uneven exposed bone will be shaved, cut or smoothed with dental burs or a bone file. Water may be used in the area to remove debris. Your gum tissue will be closed with stitches. You may have a temporary denture placed.

BENEFITS

This procedure may allow better fit, function and comfort of dental appliances. It may prevent bone loss in the jaw, and/or relieve discomfort from malformed bone fragments.

Known risks associated with extractions include, but are not limited to: * Bleeding, Bruising and/or swelling at the treatment site. * Discomfort from incomplete numbing of the area. * Discomfort or pain from the injection site. * Incomplete relief of pain. * The procedure may need to be repeated. * Bone infection (osteomyelitis). * Problems with the bone healing properly. * Breakage of adjacent teeth or trauma to the gums. * Reaction to local anesthesia or other medicines given during or after the procedure. *Wound infection, poor healing or reopening of the incision(s). Blood or clear fluid can also collect at the wound site(s). * Damage to the facial nerve(s). This may change the appearance of your face or make your tongue weak or numb. It may cause partial or complete paralysis of your face. * Damage to the jaw, jaw bone, or nearby structures. This may be discovered during the procedure, or at a later time once healing is complete and swelling has subsided.

ALTERNATIVES

You may choose not to have this procedure.

OPTIONAL SEDATION

Additional fees and consents will apply should I elect to use one the following "elective" types of sedation for my procedure: Nitrous Oxide Sedation

CONSENT

By signing below, I attest to the following: I have provided as accurate and complete a medical and personal history as possible, including antibiotics, drugs, or other medications I am currently taking, as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and directed to me. I realize that in spite of the possible complications and risks, my recommended extraction is necessary. I acknowledge that there can be no guarantees concerning the results of the procedure. I understand that if any unexpected difficulties occur during or after treatment that I may be referred to an oral surgeon for further care. The doctor has explained this treatment/procedure and what it is for. The doctor has explained how this procedure could help me, and also reviewed the associated risks and complications. The doctor has explained to me the alternative treatments that might be done instead, and what would happen if I decline this procedure. The doctor has answered all my questions. I have been offered the opportunity to read the consent form. I hereby give my consent to have this treatment/procedure.

Signature of Patient, Parent, Guardian or Personal Representative:

Sign

Name of Patient, Parent, Guardian or Personal Representative Relationship to Patient: