

Oral Surgery Consent Form

I understand that oral surgery, including but limited to, Teeth Extractions, Crown Lengthening, Implant(s) Uncovering, Impacted Teeth Exposures and Sinus Lifts come with inherent risks such as, but not limited to the following:

1. Injury to the nerves: This would include injuries causing numbness of the lips, tongue, and any tissues of the mouth and/or cheeks or face. The numbness which could occur may be of a temporary nature lasting only days or weeks. In rare situations this numbness may last a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.
2. Bleeding, bruising, and swelling. Light to moderate bleeding may last several hours. If in any case the bleeding is profuse, you must contact the office as soon as possible. Some swelling is normal, but if you feel like the swelling is bordering on severe, you should also contact the office. Swelling is NORMAL and usually starts to subside after about 48 hours . Light to moderate bruising can happen as well. Bruises may persist for a week or so but will gradually fade(begin to change color) with time.
3. Dry Socket: This condition occurs on occasion when teeth are extracted, and is a result of a blood clot not forming properly during the healing process. Dry sockets can be extremely painful if left untreated. These usually develop 3-4 days post surgery. If you feel like you might have a dry socket please contact the office to schedule an appointment.
4. Sinus involvement: In some cases, the root tips of upper teeth lie in close proximity to sinuses. Occasionally during extraction or surgical procedures the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed and root tips may need to be retrieved from the Sinus.
5. Infection. No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile oral environment, for infections to occur post-operatively. These may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, professional attention should be received as soon as possible.
6. Fractured jaw, roots, bone fragments, or instruments: Although extreme care will be used, the jaw, teeth roots, bone spicules, or instruments used in the extraction procedure may fracture or be fractured requiring retrieval and possibly referral to a specialist. A decision may be made to leave a small piece of root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery, which could cause more harm and add to the risk of complications.
7. Injury to adjacent teeth or fillings: Although rare, this could occur at times no matter how carefully surgical and/or extraction procedures are performed.
8. Bacterial Endocarditis: Because of normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels, and Bacterial Endocarditis (an infection of the heart) can occur. It is my responsibility to inform the dentist of any heart problems known or suspected or of any artificial joints I may have. Not telling my Doctor could be life threatening.
9. Unusual reactions to medications given or prescribed: Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.
10. It is my responsibility to seek attention should any undue circumstances occur postoperatively and I shall diligently follow any pre-operative and post-operative instructions given to me.

I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fees for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Sam to render any treatments necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Patient's Name (Please Print)

Signature

Date