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Informed Consent for Tooth Removal

In an effort to keep our patients fully informed about their dental care, we have created this CONSENT FORM which describes any risks associated with the planned procedure. Please ask the doctor if you require any further explanation.

It is very important to let your doctor know if you have taken or are taking any of the following medications. These medications are often associated with the treatment or prevention of osteoporosis, or some types of cancer treatments. Circle any medication that you may have ever taken. **Please evaluate the list carefully as these drugs may have an adverse affect on healing.**

- Etidronate (Didronel)
- Tiludronate (Skelide)
- Pamidronate (Aredia)
- Alendronate (Fosamax)
- Risedronate (Actonel)
- Ibandronate (Boniva)
- Zoledronic acid (Zometa)

The following are unlikely but possible risks of tooth extraction and/or local anesthesia:

- Swelling, bruising of the jaw due to inflammation and or swelling of the muscles.
- Infection is possible after any surgical procedure and may require medication or further treatment.
- Bleeding is uncommon, but possible after an initial period of time.
- TMJ dysfunction means that the jaw may function improperly and require rest or further treatment.
- Numbness, especially in the lower molar area, is caused by a bruise to the nerve. Numbness, tingling or a burning sensation may remain for days, weeks or rarely permanently.
- Sinus involvement, due to proximity of the upper molars to the maxillary sinus occurs when a small root fragment is displaced upward into the sinus. This may take medication or surgery to correct.
- Dry socket results in significant pain in the jaw and ear due to the loss of the initial blood clot. It is most common with lower wisdom teeth and may require additional office visits to correct.
- Damage to other teeth or filling is especially possible if they are in poor repair.
- Bone Splinters may come through the gum, but seldom require additional office visits to correct.
- Bony areas under the gums may be sharp or bumpy and require minor gum surgery to remove.
- Tooth breakage or incomplete removal may require leaving in the socket a small root fragment or additional surgery at our office or by an oral surgeon.
- Very small chance of having to go to the Oral Surgeon to finish the procedure .

I understand that the surgery to be performed consists of local anesthesia, and of extraction of tooth number(s)_____.

I have been informed of all possible alternative treatment plans, including, as an option, no treatment at all. I understand that the doctor may discover additional or different treatment conditions, which may require additional surgery either today or in the future. I authorize him to perform the above procedure and other procedures, which may be necessary in this professional judgment. I have been given an opportunity to ask any questions I might have and fully understand the answers given. I have been forthcoming and truthful with regards to my past medical history including medications and allergies. I have also reviewed the list of medications above and have alerted the doctor if I have ever taken any of the listed medications. I understand that there is no guarantee or assurance that the proposed treatment will be curative to my current dental condition, and recognize the possibilities of failure, relapse, or worsening of my present condition especially if I forgo other recommended examinations and/or treatment.

Date

Print Name/ Signature: Patient/ Legally responsible person

Date

Signature: Dentist