

## Consent Form for Oral Surgery

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have been educated and informed regarding the following oral surgical procedure(s):

\_\_\_\_\_  
\_\_\_\_\_

I HAVE REVIEWED THE WRITTEN AND VISUAL INFORMATION PROVIDED TO ME.

The doctor and/or staff have explained to me the proposed treatment. I understand there are the other forms of treatment available, including the option of no treatment. I understand there are certain potential risks in the treatment plan or procedure. These include:

1. A dry socket (bone Irritation) may occur a few days after the surgery. This condition may cause increased pain and can be managed by the oral surgeon.
2. Infection could happen after the surgery which **may require antibiotics** and/or surgical drainage.
3. Damage to the lower jaw nerves could occur after surgery and could result in temporary (6-12 months) or (rarely) permanent numbness to the lower lip, tongue and chin area.
4. If the upper teeth are close to your sinuses, their removal could cause a hole between the mouth and sinus. This may require additional surgery.
5. Stretching of the lips may cause irritation of the corners of the mouth.
6. Mild bleeding after the surgery is normal. There are occasional instances when increased bleeding may occur. Additional care by the surgeon may be necessary.
7. If the root tip of the extracted tooth breaks too close to a nerve or other vital structures, the surgeon may elect not to remove it.
8. Restricted mouth opening may occur for several days or weeks, with possible pain/clicking of jaw joint.
9. If your surgery is done with sedation or under a general anesthetic, the following risks may occur: inflammation of the I.V. site, sore throat, hoarseness, lung problems and nose bleeds.
10. Hospitalization after the surgery may be necessary to control medical and surgical complications.

I understand this consent form.

I give permission to the surgeon to do this procedure.

Patient (or Guardian) Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Doctor: \_\_\_\_\_