

CONSENT FOR EXTRACTION OF TEETH

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Patient's Name _____

Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: _____

Your Planned Treatment is: _____

Alternative treatment: methods include: _____

Taking teeth out is a permanent process. Whether the procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. They include the following and others:

- ____ 1. Swelling, bruising and pain.
- ____ 2. Stretching of the corners of the mouth that may lead to cracking or bruising.
- ____ 3. Possible infection that might need more treatment.
- ____ 4. Dry socket - jaw pain beginning a few days after surgery, usually needing additional care.
- ____ 5. Possible damage to other teeth close to the ones being taken out, more often those with large fillings or caps.
- ____ 6. Numbness, pain, or changed feelings in the teeth, gums, lip, chin and/or tongue (including possible loss of taste). This is due to the closeness of tooth roots (mainly with wisdom teeth) to the nerves which can be injured or damaged. Usually the numbness or pain goes away, but in some cases, it may be permanent.
- ____ 7. Trismus – you can only open your mouth a little. This is most common after wisdom teeth are taken out. Sometimes it happens because of jaw joint problems (TMJ), mainly when TMJ disease is already there.
- ____ 8. Bleeding – oozing can often happen for several hours, but a lot of bleeding is not common.

