

CONSENT FOR EXTRACTION OF TEETH AND ANESTHESIA

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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.

My diagnosis is: _____

My planned treatment is: _____

Alternative treatment methods include: _____

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 that begins a few days after surgery, that may need more 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 need more treatment or 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 (TMJ) problems already there. Damage can occur to the ligaments of the jaw joint (TMJ) from having your mouth open wide and/or for a period of time. This is more common if you already have symptoms or signs. This may need separate additional treatment.
- ____ 8. Bleeding – oozing can often happen for several hours, but a lot of bleeding is not common.

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- ____ 9. Sharp ridges or bone splinters may form later at the edge of the hole where the tooth was taken out. These may need another surgery to smooth or remove.
- ____ 10. Sometimes tooth roots may be left in to avoid harming important things such as nerves or a sinus (a hollow place above your upper back teeth).
- ____ 11. The roots of the upper back teeth are often close to the sinus and sometimes a piece of root can get into the sinus. An opening may occur from the sinus into the mouth that may need more treatment.
- ____ 12. It is very rare that the jaw will break, but it is possible in cases where the teeth are buried very deep in their sockets.
- ____ 13. When donated, processed, or artificial bone substitutes are placed to preserve a socket the pieces might not join together with the natural bone and could be lost.

INFORMATION FOR FEMALE PATIENTS

- ____ 14. I have told my doctor that I use birth control pills. My doctor has told me that some antibiotics and other medications may reduce the preventive effect of birth control pills, and I could conceive and become pregnant. I agree to discuss with my personal doctor using other forms of birth control during my treatment, and to continue those methods until my personal doctor says that I can stop them and use only oral birth control pills.

ANESTHESIA

I have had the opportunity to speak with Dr. _____ about my options for anesthesia. These options include Local Anesthesia, Nitrous Oxide/Oxygen Analgesia with Local Anesthesia, Oral Medication with Local Anesthesia, Intravenous Sedation, or Deep Sedation/General Anesthesia. After this discussion, I have chosen to have _____ as my anesthesia. I understand the risks and potential complications of anesthesia to include:

- ____ 15. Discomfort, swelling or bruising where the drugs are placed into a vein.
- ____ 16. Vein irritation, called phlebitis, where the drugs are placed into a vein. Sometimes this may grow to a level of discomfort or disability where it may be difficult to move my arm or hand. Sometimes medication or other treatment may be needed.

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- ____ 17. Nerves travel next to the blood vessels where the drugs are placed into a vein. If the needle hits a nerve or if drugs or fluid leaks out of the vessel around a nerve, I may have numbness or pain in the nerve where it runs along the arm. Usually the numbness or pain goes away, but in some cases, it may be permanent.
- ____ 18. Allergic reactions (previously unknown) to any of the medications used.
- ____ 19. Nausea and vomiting, although not common, are possible unfortunate side effects. Bed rest, and sometimes medications, may be needed for relief.
- ____ 20. Conscious sedation and deep sedation/general anesthesia are serious medical procedures and, whether given in a hospital or office, carry the risk of brain damage, stroke, heart attack or death.
- ____ 21. In situations where a breathing tube is used, I may have a sore throat, hoarseness or voice change.

MY OBLIGATIONS:

- ____ 22. Because anesthetic or sedative medications (including oral premedication) cause drowsiness that lasts for some time, I **MUST** be accompanied by a responsible adult to drive me to and from surgery, and stay with me for several hours until I am recovered sufficiently to care for myself. Sometimes the effects of the drugs do not wear off for 24 hours.
- ____ 23. During recovery time (normally 24 hours), I should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
- ____ 24. I must have a completely empty stomach. It is vital that I have **NOTHING TO EAT OR DRINK** for **six (6) hours** prior to my treatment. **TO DO OTHERWISE MAY BE LIFE-THREATENING.**
- ____ 25. **Unless instructed otherwise**, it is important that I take any regular medications (high blood pressure, antibiotics, etc.) or any medicines given to me by my surgeon **using only small sips of water.**

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CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery and chosen anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date