INFORMED CONSENT FOR ORAL SURGERY CONSENT

## RECOMMENDED TREATMENT

I give my permission for a [CLINIC NAME] DENTIST / DENTAL RESIDENT / to perform the treatment listed below, as well as any additional procedures found to be necessary during the oral surgery.

This permission is for me (or my child/ward):

 . I fully understand this informed consent form for oral surgery and I also underst and the reasons why thetreatment was recommended to me. I have been given satisfactory answers to all of my questions. I understand that no guarantee of outcome has been made or implied regarding the **following treatment:**

## TREATMENT ALTERNATIVES

I have agreed to the treatment listed above. I have been in formed about the treatment alternatives and I completely understand these optionslisted below:

Alternatives:

## ANESTHESIA:

I consent to the following anesthesia procedures:

 Local anesthesia

 Local anesthesia with Nitrous Oxideand Oxygen

 Other :

## RISKS AND CONSEQUENCES

I understand that there are risks and consequences associated with the administration of medications, including anesthesia, and performance of there commended surgery. These can be, but are not limited to the following:

1. Drugreactions and side effects.
2. Post – operative bleeding, oozing, infectionand/ or bone inflammation. Bruising and/or swelling, restricted mouth opening for several days or weeks.
3. Removal of bone during tooth extraction.
4. Damage to adjacent teeth or tooth restorations.
5. Root tips sometimes break during the oral surgery process. These root tips may be left in the Bone to avoid more aggressive surgery. However, this more aggressive surgery may be needed and you may be referred for this procedure.
6. Delayed healing, including but not limited to, dry socket, necessitating post operative care.
7. Possible involvement of the sinüs during there moval of the upper posteri or teeth, which may Require additional treatment or surgical repair at a later date.
8. Possible involvement of the nerve of the lower jaw during the removal of the lower back teeth resulting in temporary or permanent tingling / numbness of the lower lip, chin, tongue or other surrounding structures.
9. Jaw fracture.
10. If you are taking medication stomake your bones stronger (such as bisphosphonates) or if You have received radiation therapy to the head or neck area for tumors / cancer, then you are at a higher risk for poor bone healing or bone death that may never completely resolve.

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Patient or Patient’s Guardian Signature Date

# Witness to Signature Date