

# CONSENT FORM FOR ORAL SURGERY

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Rossein DDS, PC

**It is very important to our practice that you understand and consent to the treatment that we will be providing and performing. You should be involved in any and all decisions concerning surgical procedures that you will experience. This informed consent form is not just another document that should be signed without reading it. Your informed consent to proposed treatment and surgical procedures is important to us.**

The oral surgery procedure to be performed has been explained to me to my satisfaction, and I fully understand the explanation and potential adverse consequences.

I understand that this is an elective procedure and that there are other forms of treatment available, including the option of no treatment. The doctor has explained to me that there are certain potential risks and/or complications in the proposed treatment plan including:

1. Injury to adjacent teeth and/or fillings.
2. Fractured jaw or root fragments – While this is rare, teeth roots or bone may be fractured. Sometimes it is decided to leave a root fragment, especially if removing it may cause further damage or necessitate further surgery or lead to complications.
3. Nerve injury – resulting in numbness or tingling of the chin, lips, cheek, gums and/or tongue. This could persist for several weeks, months, or in rare instances, permanently.
4. Sinus involved – the root tips of the upper teeth are very close to the sinus cavity in some patients; it is possible during extractions or other types of surgical procedures, the sinus could become perforated, making it necessary to surgically repair it.
5. Bruising and/or swelling can occur after surgery and may persist for several days or weeks; this is more often seen after the removal of wisdom teeth and if you bruise easily.
6. Restricted mouth opening or stiffness of the jaws for several days or weeks.
7. Bleeding – Usually bleeding subsides in a few minutes to a few hours; however, it could continue longer and in those cases, it should receive immediate attention.
8. Dry Socket – this can occasionally occur after a tooth extraction if the blood does not clot properly in the socket; a dry socket can be very painful and should be treated by our office as soon as possible.

9. If intravenous drugs are used, you may experience soreness or discoloration at the injection site.

10. Postoperative infection – while proper cleanliness and sterilization procedures are carefully followed, the oral cavity is inherently a non-sterile environment; occasionally, infection can occur, resulting in swelling, fever, malaise, etc. You should call it to our attention as soon as possible, especially if there is fever. Note: the tissues of the heart may be susceptible to a bacterial infection that is transmitted via the blood vessels that are normally present in the mouth; this situation, known as bacterial Endocarditis, is a very serious condition. If any heart problems are known or suspected, the patient agrees to inform the doctor before any treatment is begun.

I agree not to use tobacco in any form for at least a week after oral surgery, realizing that to do so could increase the risk of complications and poor results.

I agree to the type of anesthesia that my dentist has discussed with me, and their potential sides effects, specifically (local) (IV sedation) or (general). If intravenous or general anesthesia is used, I agree not to eat or drink for at least eight (8) hours prior to my surgical appointment. I agree not to operate a motor vehicle or hazardous device for at least twenty-four (24) hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under general anesthesia or I.V. sedation, I further authorize and direct my dentist, his/her associates or assistants of his/her choice, to do whatever he/she/they deem necessary and advisable under the circumstances, including the decision not to proceed with the procedure(s).

To my knowledge, I have given an accurate report of my health history. I have also reported any past allergic or other reactions to drugs, food, insect bites, anesthetics, pollens, dust; blood diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my physical or mental health or any problems experienced with any prior medical, dental or other health care treatment on my medical history questionnaire.

I authorize my dentist to make photos, slides, x-rays or any other visual aids of my treatment to be used for education and promotion in any manner my dentist deems appropriate. However, no photographs or other records which identify me will be used without my express written consent.

I realize and understand that the purpose of this document is to evidence the fact that I am knowingly consenting to the oral surgery procedures recommended by my dentist.

I agree that if I do not follow my dentist's recommendations and advice for post-operative care, my dentist may terminate the dentist-patient relationship, requiring me to seek treatment from another dentist. I

accept responsibility for any adverse consequences which result from Additional questions I have to ask my dentist before proceeding [leave blank if none]:

I'm concerned about numbness after the surgery. Can you explain more about what can happen?

**Patient's Name**

Mr. John Martin Jr.

**Patient's Birthday**

1-10-1972

**Date**

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not following my dentist's advice.

I certify that I have read and fully understand the above authorization and informed consent to oral surgery and that all my questions, if any, have been fully answered. I have had the opportunity to read and review this form before signing it. I understand and agree that when I click, "I agree" that the ensuing electronic signature will be considered conclusive proof that I have read and understand everything contained in this document, and I have given my consent to proceed with surgery.