WILLOW DENTAL
FAMILY, AESTHETIC & IMPLANT DENTISTRY

INFORMED CONSENT FOR TOOTH EXTRACTION

I (Patient Name) _____herby authorize Dr. _____ (herein called Doctor) to perform tooth extraction of tooth/teeth # _____ on myself.

Extraction of teeth is an irreversible process and whether routine or difficult is a surgical procedure. I understand that there may be alternative treatment(s) to saving my tooth/teeth and have decided to have my tooth/teeth removed. As in any surgery, there are some risks. They include, but are not limited to:

1. Swelling and or bruising and discomfort in the surgery area.

2. Stretching of the corners of the mouth resulting in cracking and bruising.

3. Possible infection requiring further treatment.

4. Dry socket- jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from the lower extractions, especially wisdom teeth.

5. Possible damage to adjacent teeth, especially those with large fillings or caps.

6. Numbness or altered sensation in the teeth, lip, tongue and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or injured. Sensation most often returns to normal, but in rare cases, the loss may be permanent.

7. Trismus – limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.

8. Bleeding- significant bleeding is not common, but persistent oozing can be expected for several hours.

9. Sharp ridges or bone splinters may form later at the edge of the socket. These may require another surgery to smooth or remove them.

10. Incomplete removal of tooth fragments- to avoid injury to vital structures such as nerves or sinuses, sometimes small root tips may be left in place. Sinus involvement: The roots of upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus, or an opening may occur into the mouth which may require additional care.

11. Jaw fracture- while quite rare, it is possible in difficult or deeply impacted teeth.

Most procedures are routine and serious complications are not expected. Those, which do occur, are most often minor and can be treated.

Acknowledgement of Understanding and Consent for Treatment

I acknowledge that the Doctor is a general dentist and not a specialist.

I have read this entire form and understand everything explained in it. I have had the opportunity to ask the doctor about any questions I may have about the treatment, the risks of treatment, the alternative treatment methods and the substantial risks of the alternative treatment methods. I accept all financial responsibility and acknowledge there is no refund for treatment performed regardless of the outcome. The doctor has answered all my questions. I authorize Dr. _____ and whomever they may choose as their assistants to perform the proposed tooth extraction treatment.

Signature of Patient _____ Date _____

Signature of Dentist _____ Date _____