VIVA DENTAL

Consent for Extraction

Patient name: _____

Tooth number: _____

Oral surgery and/or dental extractions include inherent risks such as, but not limited to the following:

- Injury to the nerves: This would include injuries causing numbness of the lips, the tongue, and any tissues of the mouth and/or cheeks or face. The numbness which could occur may be of a temporary nature, lasting a few days, a few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.
- Sinus involvement: In some cases, the root tips of upper teeth lie in close proximity to sinuses. Occasionally during extraction or surgical procedures the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed. Root tips may need to be retrieved from the Sinus.
- Infection: No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile oral environment, for infections to occur post-operatively. Should severe swelling occur, particularly accompanied with fever or malaise, professional attention should be received as soon as possible.
- Fractured jaw, roots, bone fragments, or instruments: Although extreme care will be used, the jaw, teeth roots, bone spicules, or instruments used in the extraction procedure may fracture or be fractured requiring retrieval and possibly referral to a specialist. A decision may be made to leave a small piece of root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery, which could cause more harm and add to the risk of complications.
- Injury to adjacent teeth or fillings: This could occur at times no matter how carefully surgical and/or extraction procedures are performed.
- Unusual reactions to medications given or prescribed: Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions.
- It is my responsibility to seek attention should any undue circumstances occur postoperatively and I shall diligently follow any pre-operative and post-operative instructions given to me.

PLEASE **INITIAL AFTER READING.** IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR PRIOR TO INITIALING.

_____ I am aware that I can be referred to an oral surgeon for treatment but chose to have the procedure done at Viva Dental.

_____ I hereby acknowledge that I have read the foregoing and have discussed any questions or concerns that I may have regarding my purposed surgery/dental treatment. I am aware that in dentistry no guarantees can be provided.

Patient Signature: _____ **Date:** _____