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(619)-810-1864

EXTRACTION CONSENT FORM

PATIENT NAME: _____ **DATE:** _____
TEETH # _____

About the proposed treatment

An extraction involves removing one or more teeth. Depending on their condition, this may require cutting the tooth or gums or removing bone. If any unexpected difficulties occur during treatment, I may send you to an oral surgeon, a dentist who specializes in extracting teeth and performing other surgical procedures.

Benefits and alternatives

The proposed treatment will help to relieve your symptoms and may also enable you to proceed with further proposed treatment. There is no reasonable alternative treatment that will relieve your symptoms.

Common risks

1. **Bleeding, swelling, discomfort and infection:** Following treatment you may experience bleeding, pain, swelling and discomfort for several days, which may be treated with pain medication. You may also experience an infection following treatment, which would be treated with antibiotics.
2. **Reaction to anesthesia and/or sedation:** You will receive a local anesthetic and possible a sedative (tranquilizer) to keep you comfortable during treatment. In rare instances patients have an allergic reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing, which increase the chance of swallowing foreign objects during treatment. Sedative may temporarily make you drowsy or reduce your coordination.
3. **Stiff or sore jaw joint:** Holding your mouth open during treatment may temporarily leave your jaw feeling stiff and sore and may make it difficult for you to open your mouth wide for several days afterwards. Treatment may also leave the corners of your mouth red or cracked for several days.
4. **Dry socket:** The blood clot that forms in the empty tooth socket may disintegrate or become dislodged, for example, as a result of smoking or drinking through a straw. This painful condition, called *dry socket*, lasts a week or more and is treated by placing a medicated dressing in the tooth socket to aid healing.
5. **Damage to adjacent teeth:** In some cases, the instruments used in extracting a tooth can chip or damage adjacent teeth, which could require further treatment to restore their appearance.
6. **Opening into sinuses:** With upper teeth, the roots sometimes extend up beyond the surrounding bone into the sinuses, the natural cavities in the bone behind your cheeks. Removing these teeth may temporarily leave a small opening into sinuses.
7. **Bone fracture:** Depending on the location of the tooth or teeth to be extracted, treatment may cause a fracture in the surrounding bone. In rare instances the tooth or teeth to be extracted may be fused to the surrounding bone. Both situations may require further treatment.
8. **Tooth fragments:** Depending on the condition and position of the tooth or teeth to be extracted, tooth fragments may be left in the extraction site following treatment. Generally, this causes no problems, but on rare occasions tooth fragments become infected and must be removed.

9. **Changes to nerve sensations:** The nerve that control sensations in your teeth, gum, tongue, lips, and chin run through your jaw. Depending on the tooth or teeth to be extracted (particularly lower teeth or third molars), in rare instances it may be impossible to avoid touching, moving, stretching, bruising, cutting or severing a nerve. This could change the normal sensations in any of these areas, causing itching, tingling, or burning (called *paresthesia*) or the loss of all sensation (called *anesthesia*). These changes could last from several weeks to several months or in some cases, indefinitely.

Consequences of not performing treatment

This course of treatment will help to relive your symptoms. If no treatment were performed, you would continue to experience symptoms, which could include pain and/or infection, deterioration of the bone surrounding your teeth, changes to your bite, discomfort in your jaw joint and possibly the premature loss of these and other teeth.

Additional Information:

Every reasonable effort will be made to ensure that your condition is treated properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed treatment, that you understand this information and that all of your questions have been answered fully.

_____ **I give my consent for the proposed treatment as described above.**

_____ **I refuse to give my consent for the proposed treatment as described above.**

I have been informed of the potential consequences of my decision to refuse treatment.

_____	_____	_____
Patient's	signature	Date
_____	_____	_____
Dentist's	signature	Date
_____	_____	_____
Witness's	signature	Date