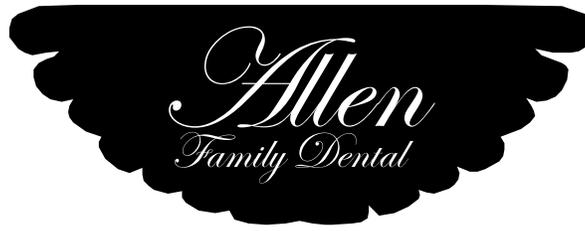


Consent for Oral Surgery and Dental Extractions

Tooth # (s) _____

1. **Injury to the nerve.** Due to the close relationship of root to nerve (especially wisdom teeth), the nerve may be injured during the removal of the tooth. Lips, chin, gums, or tongue may feel numb. This numbness which could occur may be of a temporary nature, lasting a few days, weeks, or rarely permanently.
2. **Bleeding, bruising, swelling.** Bleeding may last several hours. If profuse, you must contact us as soon as possible. Some swelling is normal, but if severe, you should notify us. Bruises or hematomas may persist for some time.
3. **Dry socket.** This occurs on occasion when teeth are extracted and is a result of a blood clot not forming properly during the healing process. Dry sockets can be extremely painful and typically onset 3 to 4 days after extraction.
4. **Sinus involvement.** In some cases, the root tips of upper teeth lie in close proximity to the tissues of the sinuses. Occasionally during extractions or surgical procedures, this sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically repaired.
5. **Infection.** No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected or environment that infections may occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, attention should be received as soon as possible.
6. **Fracture roots and bone fragments.** Although extreme care will be used, tooth roots, bone spicules may fracture during the extraction procedure. A decision may be made to leave a small piece of root, bone fragment or instrument than removing it with the added risk of harm or complications. A referral to a specialist may be required. Very rarely a jaw will fracture during tooth extraction.
7. **Injury to adjacent teeth or fillings.** This could occur at times no matter how carefully the surgical procedure is performed.
8. **Bacterial endocarditis (an infection of the heart).** Because of the normal existence of bacteria in the oral cavity, the tissue of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels, and bacterial endocarditis could occur. It is the responsibility of the patient to inform the dentist of any heart problems known or suspected.
9. **Bisphosphonate Drug Risks:** For patients who have taken drugs such as Fosamax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or for treatment of metastatic bone cancer, there is an increased risk of osteonecrosis or failure of bone to heal properly following any oral surgical procedure involving bone, including extractions.



10. **Unusual reaction 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. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception should be utilized during the treatment period.

11. **It is the patient's responsibility to seek attention should any undue circumstances occur postoperatively.** The patient will diligently follow any preoperative and postoperative instructions given.

Oral Surgery Supplemental Health Review

Have you ever had any heart surgeries?

Have you ever been treated for Osteoporosis, Osteopenia or any other bone disease?

Are you currently taking any blood thinners? (ie Aspirin, Plavix, Coumadin, Warfarin)

Have you ever been treated for any cancers?

Have you had any joint surgeries?

Are you Diabetic? If so, what was you last A1c?

Do you smoke? If so, How much?

Are there any health issues you have that we have not discussed?

The nature of my condition has been explained to me, as well as the possible risks and complications. I have read the above information and had a chance to have any questions answered. I have been given the option to seek treatment elsewhere. I understand that oral surgery success cannot be guaranteed. In light of the above information, I authorize Franklin D. Allen to proceed with recommended treatment.

Patient's Name (please print) _____

Patient's Signature _____ Date _____

Signature of Guardian (if patient is a minor) _____ Date _____

Witness Signature _____ Date _____

Blood Pressure: _____