

Patient's Name: _____ , _____
Last First Initial

I understand that Oral Surgery and/or Dental extractions include possible inherent risks such as, but not limited to the following:

Injury to the nerves: Occasionally during the course of removal of lower molars (primarily wisdom teeth), the nerve which leads to the lower lip (Inferior Alveolar Nerve) will be pinched when wiggling the tooth. This may cause inflammation around the nerve and stop it from working for awhile, that is to say, you will have a feeling of numbness in that part of the lip and teeth like you had Novocain in it. This happens far less than 1% of the time. It is bothersome when it happens, but it will usually last only a few days to a couple weeks. In rare cases, permanent nerve damage can occur which would leave a permanent numbness. This is very rare. Again, when reflecting the tissue to expose submerged or fractured teeth, the lingual nerve can be pinched. This is also rare. If the lingual nerve is pinched it will cause temporary numbness to the tongue on that side. The duration of this numbness is similar to that of the above. In rare cases permanent numbness can occur.

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. The duration of swelling, as we have noted, is variable but the average is approximately four days. Bruises (hematomas) will occasionally occur, but are transient in nature.

“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.

Sinus involvement: In some cases, the root tips of upper teeth lie in close apposition to the tissues of the sinuses. Occasionally during extraction or surgical procedures, this sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically repaired.

Secondary or spread of Infection: No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, infections may occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, attention as soon as possible should be received.

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 procedures may fracture or be fractured, requiring 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.

Bacterial Endocarditis: Because of the normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels, and bacterial endocarditis (an infection of the heart) could occur. It is my responsibility to inform the dentist of any heart problem known or suspected (including heart murmurs).

Osteonecrosis: A rare but severe condition is which bone can not heal properly after extractions or trauma. Please inform the doctor immediately if either of the following conditions apply to you: A) History of Radiation therapy to the head or neck or B) Taking or have taken bisphosphonate medications for prevention of OSTEOPOROSIS. Including *intravenous* bisphosphonate, **pamidronate (AREDIA®)** or **zoledronate (ZOMETA®)** or *oral bisphosphonate pills* **alendronate (FOSAMAX®)**, **ibandronate (BONIVA®)** or **risedronate (ACTONEL®)** for osteoporosis prevention.

It is my responsibility to seek attention should any undue circumstances occur postoperatively and I shall diligently follow any preoperative and postoperative instructions given me. We find the greatest discomfort to be during the first 12 hours, and then this to gradually get better over the next 36 hours. During this period of time, it is best to rest and take the pain medication as prescribed. We encourage people not to engage in work where quick reflexes are required when they are taking the pain medication as this slows down their reflexes. Other postoperative care instruction may be given to you upon teeth removal.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extractions and have received answers to my satisfaction. I have been given the option of seeking this treatment from a specialist (Oral and maxillofacial surgeon). I do voluntarily assume any and all possible risks including, but not limited to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fees for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to render any treatment necessary and/or advisable to my dental condition(s), including prescribing and administering any and all anesthetics and/or medications.

Tooth/Teeth to Extract: _____ Other surgical procedure: _____

Patient or Guardian's Signature: **X** _____ Date: _____

Witness's Signature: _____ Date: _____

ORAL SURGERY/EXTRACTION CONSENT AND INFORMATION FORM