

Consent for Tooth or Surgical Extraction(s)

I have been advised or have requested an extraction because of advanced bone loss, non-restorable decay, tooth fracture, continuing infection, non-restorability, or orthodontic needs.

Extraction involves the complete removal of a tooth from the mouth. Some extractions require elevating the gum tissue and exposing/removing bone and/or sectioning the tooth into smaller pieces prior to removal. The intended benefit of this treatment is to relieve my current symptoms and/or permit further planned treatment.

I have been informed of the following possible alternative treatments, and the costs risks & benefits of each: no treatment, root canal therapy, filling, a crown, or gum treatment.

I have been informed and fully understand that there are certain inherent and potential risks associated with any type of surgical procedure, including extractions. I understand that during and following treatment I may experience pain or discomfort, bleeding, swelling, bruising, and stiff jaws, all of which may last for several days. Complications are extremely rare but may include infection, dry socket, loss of fillings, injury to other teeth or soft tissues, jaw fracture, sinus exposure, or swallowing or aspiration of debris.

I understand that during surgery injury to nerves in my jaw that control sensations and function in my lips, tongue, chin, teeth, and mouth may occur but are very rare. This may result in nerve disturbances such as temporary loss of sensation to the gum, lip or tongue, or in extremely rare cases, permanent numbness.

I have provided complete and accurate medical history. I will follow all instructions as explained and directed to me, and will permit recommended diagnostic procedures, including X-rays. I acknowledge that no guarantees have been made to me concerning the results of the procedure. I have been given the opportunity to ask questions regarding the benefit, risks, and alternatives of the procedure and have received satisfactory answers to all my questions.

I hereby consent to the Extraction and/or Surgical Removal of _____

Approximate Cost _____

Name of Patient _____

Signature _____ Date _____

(Patient/Parent/Guardian)

POST OPERATIVE INSTRUCTIONS

- For the next 24 hours avoid mouth washing, very hot fluids, Alcohol, strenuous exercise and smoking
- Take Analgesics such as Paracetamol as the anaesthetics wears off in order to relieve any discomfort.
- Only after 24 hours, rinse 3-4 times daily with hot saline mouthwash (tea spoon of salt in a glass of hot water)
- In the event of prolonged bleeding, bite firmly on a cotton swab or a clean handkerchief.
- If you get severe pain or prolonged bleeding contact your surgery immediately. In the event that the surgery is closed and you have continued severe bleeding, please attend your local A&E department.