

Tooth # _____

INFORMED CONSENT (for tooth extraction)

Pain: ____/10

Patient name _____ Date _____

Dental extractions involve removing one or more teeth using special extraction instruments. It may also require sectioning teeth and trimming gum tissue or bone to facilitate their removal.

Benefits: The goal of the proposed treatment is to relieve your symptoms and prevent the development of other problems.

Risks: There are certain risks in any procedure. This procedure includes, but is not limited to, the following risks:

- You will receive a local anesthetic and/or other medications which carry risks, side effects, and drug interactions.
- Extraction surgery may leave your jaw feeling stiff and sore and may make it difficult for you to open wide for a few hours or days. Swelling, bruising pain, bleeding, infection, and discomfort can occur with any surgery and vary from patient to patient and from one surgery to another. These may or may not involve further treatment or medication.
- 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 a 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 that could cause more harm and add to the risk of complications.
- Upper teeth have roots that may extend close to or into the sinuses. Removing these teeth may temporarily leave a small opening into the sinuses or cause a portion of the root to be displaced into the sinus, requiring additional treatment.
- Occasionally, the necessary blood clot that forms in the socket may disintegrate or dislodge. 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.
- Bone fragments called spicules may arise at the site following extraction. Tooth fragments may be left in the extraction site in certain occasions when their removal would require extensive further surgery or could damage adjacent structures.
- Extraction can result in damage to the nerves that run through your jaw, causing itching, tingling, burning, or loss of all sensation. These changes could last from several weeks to several months or in some cases, indefinitely.
- Unexpected complications may occur, causing the surgical procedure to become more complex and more costly. In some more complicated cases you may be referred to an oral surgeon, who is a specialist in dental surgery.
- On rare occasion, when the jaw bone has been weakened by preexisting conditions, the force required to remove a tooth may cause the bone to break. This may require further surgery to correct.
- Once the tooth is extracted, replacement of the missing tooth may be necessary to prevent the drifting of adjacent and/or opposing teeth to maintain function, or for cosmetic appearances.
- The healing process may vary. Failure to follow the doctor's instructions may increase the healing time.

Consequences of no treatment: Lack of treatment may lead to pain, swelling, infection, cyst formation, dental caries, periodontal disease, premature loss of teeth, bone loss, and other medical risks.

Alternatives: Depending on your tooth, alternatives to extraction may exist which involve other disciplines in dentistry. Alternatives can include root canal therapy, crown lengthening, post placement, and crown restoration. You also have the option to seek treatment with an oral surgeon.

Every reasonable effort will be made to ensure that your tooth extraction is completed properly. Due to individual patient differences, there exists a risk of failure, further unforeseen treatment, or worsening of the present condition despite the care provided. By signing below, you acknowledge that you have received adequate information about the proposed oral surgery procedures and that no guarantee or assurance has been given to you that the proposed treatment will be completely curative or successful. You also acknowledge that you understand this information and that all your questions have been answered fully.

Initial

_____ I **voluntarily give** my consent for the proposed tooth extraction procedure as described above.

_____ I **refuse to give** my consent for the proposed tooth extraction procedure as described above. I have been informed of the potential consequences of my decision to refuse this treatment.

Patient's (or Guardian's) Signature

Doctor's Signature

Date

Witness