

CONSENT FOR EXTRACTION OF TEETH

PATIENT'S NAME _____ DATE _____

You have a right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo a procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so you may give your consent to the procedure(s).

I hereby authorize John Kashmanian, D.M.D. to perform the following procedure(s)

Please initial each line after reading. If you have any questions, please ask the doctor BEFORE signing.

Taking teeth out is a permanent process. Whether the procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. They include the following and/or others:

- _____ 1. Swelling, bruising and pain.
- _____ 2. Stretching of the corners of the mouth that may lead to cracking or bruising.
- _____ 3. Possible infection that may need more treatment.
- _____ 4. Dry Socket – jaw pain beginning a few days after surgery, usually needing additional care.
- _____ 5. Possible damage to other teeth close to the ones being taken out, more often with large fillings or caps.
- _____ 6. Numbness, pain, or changed feelings in the teeth, gums, lip, chin, and/or tongue (including possible loss of taste). This is due to the closeness of tooth roots (mainly wisdom teeth) to the nerves which can be injured or damaged. Usually the numbness or pain goes away, but in some cases, it may be permanent.
- _____ 7. Trismus – you can only open your mouth a little. This is most common after wisdom teeth are taken out. Sometimes it happens because of jaw joint problems (TMJ), mainly when TMJ disease is already there.
- _____ 8. Bleeding – oozing can often happen for several hours, but a lot of bleeding is not common.
- _____ 9. Sharp ridges or bone splinters may form later at the edge of the hole where the tooth was taken out. These may need another surgery to smooth or remove.
- _____ 10. Sometimes tooth roots may be left in to avoid harming important things such as nerves or a sinus (a hollow place above your upper back teeth).
- _____ 11. The roots of the upper back teeth are often close to the sinus into the mouth that may need more treatment.
- _____ 12. It is very rare that the jaw will break, but it is possible in cases where the teeth are buried very deep in their sockets.

Alternative Treatment Options: _____

If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____