

CONSENT FOR ORAL SURGERY AND ANESTHESIA - PAGE 1 of 2

I hereby authorize one of the dentists listed above and his assistant to perform the following procedure:

And to administer the anesthesia I have chosen which is:

Local Local with nitrous oxide/oxygen analgesia Local with oral pre-medication Conscious Sedation

Other treatment options: _____

PLEASE INITIAL

1. It has been explained to me that certain complications may occur as a result of my surgery which include (but are not limited to): swelling, bruising, stiffness of jaw and jaw joints (TMJ) which may be long lasting, and unexpected drug reactions or allergies.
2. With tooth extraction, I understand that there may be unexpected damage to adjacent teeth or fillings, sharp ridges or bone splinters that may require later surgery to smooth or remove, dry socket which will require additional care, or small fragments of tooth root which may be left in place to avoid damage to vital structures such as nerves or sinus exposure.
3. Lower tooth roots may be very close to the nerve and surgery may result in pain or a numb feeling of the chin, lip, cheek, gums, teeth or tongue lasting for weeks, months or may rarely become permanent. On upper teeth whose roots are close to the sinus, a sinus infection may develop, a root tip may enter the sinus and/or an opening from the mouth to the sinus may occur which could require later modification or surgery.
4. **ANESTHETIC RISKS** include: discomfort, swelling, bruising, infection, and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability, and may require special care. Nausea and vomiting, although uncommon, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the rare risks of heart irregularities, heart attack, stroke, brain damage and death.
5. **YOUR OBLIGATIONS IF IV ANESTHESIA IS USED**
 1. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are recovered sufficiently to care for yourself. This may be up to 24 hours.
 2. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
 3. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC - OTHERWISE THIS MAY BE LIFE THREATENING!**
 4. However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or medications provided by this office using a small sip of water.
6. I understand that unforeseen circumstances may arise during the course of the operation(s) which may require other or additional operative or medical procedures. I authorize the dentist(s) named above and his/her assistants to modify the proposed procedure or to perform any added procedures as are necessary or desirable in the exercise of professional judgement.

Extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. As in any surgery, there are some risks. They include, but are not limited to:

1. Swelling and/or bruising and discomfort in the surgery area.
2. Stretching of the corners of the mouth resulting in cracking or bruising.
3. Possible infection requiring additional treatment.
4. Dry socket-jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from lower extractions, especially wisdom teeth.

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6. Possible damage to adjacent teeth, especially those with large fillings or caps.
7. Numbness or altered sensations in the teeth, gums, lip, tongue and chin, due to the closeness of tooth roots, especially wisdom teeth to the nerves which can be bruised or damaged. Almost always sensation returns to normal, but in rarer cases the loss may be permanent.
8. Trismus-limited jaw opening due to the inflammation or swelling, most common after wisdom tooth removal. Sometimes, it is a result of jaw joint discomfort (TMD), especially when TMJ disease already exists.
9. Bleeding-significant bleeding is not common, but persistent oozing can be expected for several hours.
10. Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another surgery to smooth or remove.
11. Incomplete removal of tooth fragments- to avoid injury to vital structures such as nerves or sinus, sometimes small root tips may be left in place.
12. Sinus involvement - the roots of upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus or an opening may occur into the mouth which may require additional care.
13. Jaw fracture - while quite rare, it is possible in difficult or deep impacted teeth.

Most procedures are very routine and serious complications are not expected. Those which do occur are most often minor and can be treated.

ANESTHESIA:

LOCAL ANESTHESIA (Novacaine, Lidocaine, etc.) is given to block pain pathways in localized areas.

INTRAVENOUS SEDATION OR CONSCIOUS SEDATION alters your awareness of the procedure by producing sedative/amnesic effects or sleep.

Whichever technique you choose, the administration of any medication involves certain risks. These include:

1. Nausea and vomiting
2. An allergic or unexpected reaction. If severe, allergic reactions might cause more serious respiratory (lung) or cardiovascular (heart) problems which may require treatment.

In addition, there may be:

1. Pain, swelling, inflammation or infection of the area of the injection.
2. Injury to nerves or blood vessels in the area.
3. Disorientation, confusion, or prolonged drowsiness after surgery.
4. Cardiovascular or respiratory responses which may lead to heart attack, stroke or death.

Fortunately, these complications and side effects are not common. Well-monitored anesthesia is generally very safe, comfortable and well tolerated. If you have any questions, PLEASE ASK.

I have read and understand the above and give my consent for (Please Circle):

Local Anesthesia Only

Conscious Sedation

I have read and understand the above and give my consent to surgery. I further state that if IV sedation is administered that **I HAVE NOT HAD ANY SOLIDS OR LIQUIDS BY MOUTH FOR SIX (6) HOURS PRIOR TO SURGERY. TO DO OTHERWISE MAY BE LIFE-THREATENING!** I agree not to drive myself home and to have a responsible adult accompany me until I am recovered from my medications. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc.

Patient's (or Legal Guardian's) Signature

Date

I certify that I have provided and explained the information set for the above to the patient and answered all questions concerning the procedure to the best of my knowledge and ability.

Doctor's Signature

Date

Witness' Signature

Date