

INFORMED CONSENT FOR ORAL SURGERY

Procedure _____

Alternatives to Surgery: I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Swelling
3. Pain
4. Increased risk and potential for complications if procedure is postponed, but required at a later date. This includes possible involvement of additional areas or structures.

Possible complications which have been explained to me:

1. Paresthesia to lower lip, chin, and / or tongue.
2. Dry socket
3. Infection
4. Involvement of the sinus above upper teeth.
5. Decision to leave a small piece of root in the jaw if its removal would require extensive surgery and increased risk of complications.
6. Bleeding and bruising
7. Swelling
8. Injury to adjacent teeth or fillings
9. Unusual reactions to medications given or prescribed
10. Air way and / or circulatory system problems leading to a permanent deficit, and even death.
11. Other: _____

I have had the opportunity to discuss the proposed surgery with Dr. _____
All of my questions have been answered to my satisfaction. I consent to the surgery noted above.

Patient, Parent, or Guardian

Date

Doctor

Witness