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Consent To Extract Teeth

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, the following.

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 extraction, especially wisdom teeth.
5. Possible damage to adjacent teeth, especially those with large fillings or caps.
6. Numbness or altered sensation 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 rare cases, the loss may be permanent.
7. Limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is a result of jaw joint discomfort (TMJ), especially when TMJ disease already exists.
8. Bleeding - significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another surgery to smooth or remove.
10. 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.
11. 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.
12. Jaw fracture - while quite rare, it is possible in difficult or deeply impacted teeth.
13. Reduced effectiveness of oral contraceptives due to post-operative antibiotics.

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

Teeth to be removed: _____

I understand that anesthesia involves additional risks and hazards including pain, swelling, inflammation or infection of the area of the injection, injury to the nerves or blood vessels in the area, and/or an allergic or unexpected drug reaction. I request the use local of anesthetics for the relief and protection from pain during the planned and additional procedures. I give my consent for local anesthesia.

I understand that in the event a health care worker is exposed to my blood or body fluids during my surgery, my blood will be tested at no cost to me for the HIV antibody and other communicable diseases. If such exposure occurs, I will receive additional information about the HIV antibody test. The results of these tests may improve the course of my medical treatment and will not prejudice my patient relationship.

I CERTIFY THAT IF HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS WITHIN THE ABOVE PARAGRAPHS AND THAT ALL BLANKS WERE FILLED IN PRIOR TO MY SIGNING THIS FORM. ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION AND I AM WILLING TO UNDERGO THE PROPOSED SURGERY. I ALSO STATE THAT I SPEAK, READ AND WRITE ENGLISH.

Patient Signature

Date

Witness

Job Title