

BP : Systolic _____

Diastolic _____

Pulse: _____

NORTHBRIDGE SMILES

Information and Informed Consent for Extraction of Teeth and Anesthesia

The extraction of teeth is an irreversible procedure. Following extractions, teeth may shift and alter your bite. Therefore, prosthetic placement is advisable. Possible alternative to extraction (if any) may include root canal therapy, periodontics (gum treatment), crowns or fillings.

It has been explained to me by Dr. _____ that there are certain inherent and potential risks in any treatment plan or procedures, such operative risks include the following;

1. Postoperative discomfort and swelling in the surgical area that may necessitate home recuperation over the following 3-4 days.
2. Do not rinse today. Tomorrow rinse with warm salt water (1/4 teaspoon salt per glass of water). Do this about three to five times daily for the next five days.
3. Should nausea or an upset stomach occur, the following are of value; sweet tea, coco-cola, or Pepsi-Cola. Fatty foods such as milk, cream, or butter should be avoided during nausea and for five hours afterward.
4. There may be some oozing for at least twenty-four hours after surgery. Biting with pressure on gauze will assist to control the bleeding. Heavy bleeding may require an additional visit for control.
5. With the extraction of teeth, restorations or crowns on adjacent teeth may become chipped or loosened. Neighboring teeth may also become loosened, less stable or may even shift after extraction.
6. Stretching of the corners of your mouth can result in cracking and bruising.
7. In the removal of upper teeth, sinus problems and opening on the sinus (normal cavity above your upper teeth) may occur. Soft tissue closure may be necessary.
8. During surgery your mouth will remain open for an extended period of time. Afterwards, you may experience pain and discomfort in your temporomandibular joint. (TMJ)
9. Sharp ridges of bone splinters may develop which require additional surgery for removal.
10. Decisions are sometimes made to leave a small root tip in the jaw when its removal would require extensive surgery with higher risk of complications for its recovery than for its remaining place.
11. A certain amount of post-operative discomfort and pain is to be expected for several days and should be controlled with pain medication. With simple extractions, over the counter pain medications (i.e. Acetaminophen) will adequately control the pain.
12. As with any surgery, there is the possibility of post-operative infection. This may require antibiotics and/or minor surgery to resolve.
13. Antibiotics (i.e. penicillin, erythromycin) may interfere with the effectiveness of oral contraceptives. It is recommended that an additional method of birth control be used for the rest of that cycle's package of pills.
14. Injury to the nerves underlying the teeth of the lower jaw resulting in numbness, tingling, or complete loss of sensation of the chin, lip, cheek, gums, teeth, and/or tongue on the operated side, this change in sensation may persist for several weeks, months or in rare instances may be permanent.

Medications, drugs, anesthesia and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile or hazardous devices or work, while taking these medications and/or drugs until I have fully recovered.

I HAVE READ ALL THE ABOVE AND UNDERSTAND THAT THERE ARE INHERENT RISKS ASSOCIATED WITH REMOVAL OF TEETH. I GIVE PERMISSION TO Dr. _____ TO PROCEED WITH THE SURGERY AND ANESTHESIA.

PATIENT NAME

PATIENT SIGNATURE

I HAVE BEEN GIVEN POST OP INSTRUCTIONS VERBALLY AND WRITTEN.

PATIENT NAME

PATIENT SIGNATURE

DOCTOR'S SIGNATURE

DATE

TOOTH #