

**Wendel Family Dental Centre
Consent for Extraction of Teeth**

I, _____, hereby authorize Dr. _____ and staff to perform upon me the following operation and procedures:

Alternatives to tooth removal include root canal therapy, extensive restoration, periodontal (gum) treatment or crowns. I understand that removing teeth does not always remove existing infection and that further treatment may be necessary. I understand that further care by a specialist may be needed if complications arise during or after treatment, and that costs incurred are my responsibility.

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 and bruising.
3. Possible infection requiring further treatment.
4. Dry socket -- jaw pain beginning a few days after surgery, usually requiring additional care.
5. Possible damage to adjacent teeth, especially those with large fillings or caps.
6. Numbness or altered sensation in the teeth, lip, tongue (including possible loss of taste sensation) and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves that can be bruised or injured. Sensation most often returns to normal, but in rare cases, the loss may be permanent.
7. Trismus -- limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
8. Bleeding during and after the procedure. Persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form later at the socket, possibly requiring another surgery to smooth or remove them.
10. Incomplete removal of tooth fragments -- to avoid injury to vital structures such as nerves or sinuses, sometimes small root tips may be left in place. 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. An opening into the sinus, called a perforation, may occur into the mouth which may require additional care.
11. Jaw fracture -- while quite rare, it is possible in difficult or deeply impacted teeth.
12. Injury to oral tissues, including lip, cheek, or tongue.

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

Teeth to be removed: _____

I understand the doctor may discover other or different conditions that may require additional or different procedures from those planned. I authorize such other procedures as are deemed necessary in my doctor's professional judgment to complete my surgery.

I have read and understand the above, and had my questions answered. I recognize there can be no warranty as to the outcome of treatment, and I give my consent to surgery.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date