Oral Surgery/ Extraction Consent Form

I have recommended that one or more of your teeth be extracted based upon your symptoms, my examination of your mouth, the treatment plan I have discussed with you and your choice. Today I will extract tooth # ____________________________

Risk and complications associated with this procedure include but are not limited to the following:

Pain, swelling or bleeding for a time after the extraction(s). I will give you instructions on how to manage these problems. If they occur, it should only last for a few days. Of course, should any of these problems be more severe or last longer than you anticipated call our office immediately.

You may experience an infection following the extraction(s). I will advise you on what to look for if an infection has developed. If any of these signs occur, you should call or see me as soon as possible. Antibiotics will be prescribed in case of infection.

Teeth adjacent to the tooth/ teeth to be extracted may be chipped or damaged during the extraction.

Nerves which supply sensation to your mouth, chin, lips, tongue and gum tissues may run near the area of the extraction. After the extraction(s), you may experience some alteration of normal nerve sensation (itching, burning or tingling for example) for a short or indefinite period of time. In some rare instances you may experience a total lack of sensation for a period of time which could be indefinite.

For teeth in the upper arch there is a risk that following the extraction(s) a hole or pathway may be present between the maxillary sinus and oral cavity. This is because the roots of some the upper teeth end just below the floor of the sinus and sometimes actually go through the sinus floor. If this occurs during your procedure, I may need to make a small surgical repair of the hole and may place you on antibiotics and antihistamines to reduce the risk of a sinus infection.

You may also experience a painful condition known as dry socket. This occurs when the protective blood clot in the socket where the tooth was removed is dislodged, exposing and irritating nerve endings. This may be caused by failing to closely follow the post-operative instructions that I have given you. Although the condition is temporary and not harmful, it is painful and can be readily treated.

I invite your questions concerning the risks discussed and contained in this document. By signing below, you acknowledge that you have read this document, understand the information presented, and have had all your questions answered satisfactorily.

• Patient: _________________________________________________________________
• Date: ____________________________
• Doctor: _________________________________________________________________
• Witness: ________________________________________________________________

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