

Ben L. Thomas, DMD

ORAL & MAXILLOFACIAL SURGERY CONSENT FORM

Dear Patient:

You have the right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo the procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

POSSIBLE COMPLICATIONS TO ALL SURGERIES OR EXTRACTATIONS

Swelling, Bruising and Pain

These can occur with any surgery and vary from patient to patient and from one surgery to another.

Trismus

This is a limited opening of the jaws due to inflammation and/or swelling in the muscles. This is most common with impacted tooth removal but is possible with almost any surgery.

Infection

This is possible with any surgical procedure and may require further surgery and/or medications if it does occur.

Bleeding

Although significant bleeding can occur during or after surgery, it is not common. Some bleeding is, however, usual for most surgeries and is normally controlled by following the post-op instruction sheet.

Drug Reactions

A reaction is possible from any medication given and could include nausea, rash, anaphylactic shock and/or death.

TMJ Dysfunction

This means the jaw joint (temporomandibular joint) may not function properly and, although rare, may require treatment ranging from use of heat and rest to further surgery.

ANESTHESIA

Local Anesthesia

Certain possible risks exist that, although uncommon or rare, could include pain, swelling, bruising, infection, nerve damage, idiosyncratic or allergic reactions, which could result in heart attack, stroke, brain damage and/or death.

ALL TOOTH EXTRACTATIONS

Dry Socket

This is significant pain in the jaw and ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth, but it is possible with any extraction. This may require additional office visits to treat.

Damage to Other Fillings and/or Teeth

Due to the close proximity of teeth, it is possible to damage other teeth and/or filling when a tooth is removed.

Sharp Ridges or Bone Splinters

Occasionally, after an extraction, the edge of the socket will be sharp or a bone splinter will come out through the gum. This may require another surgery to smooth or remove the bone splinter.

Incomplete Removal of Tooth Fragments

There are times the doctor may decide to leave in a fragment or root of a tooth in order to avoid doing damage to adjacent structures such as nerves, sinuses, etc.

LOWER TEETH

Numbness

Due to the proximity of roots to the nerve (especially wisdom teeth), it is possible to bruise or damage the nerve with removal of a tooth. This could remain for days, weeks or very rarely, permanently. The lip, chin and/or tongue could feel numb, tingling, or have a burning sensation.

UPPER TEETH

Sinus Involvement

Due to the location of the roots (especially the upper back teeth) to the sinus, it is possible an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. A possible sinus infection and/or permanent opening from the mouth to the sinus could develop and may require medication and/or later surgery to correct.

OTHER OR ADDITIONAL COMPLICATIONS

Patient Name: _____

I hereby authorize Dr. _____ to perform the following procedures:

and to administer the necessary anesthesia. I understand the doctor may discover other or different conditions that require additional or different procedures than those planned. I authorize him/her to perform such other procedures that are advisable in his professional judgment.

I have read and/or discussed the preceding risks that may occur in connection with this procedure. I believe I have been given and understand sufficient information to give my consent to the above surgery. This consent is valid until revoked by me in writing,

Date: _____ Witness Signature: _____

Patient/Legally Responsible Person's Signature: _____

Doctor: _____