



Consent for Dental Extractions

I, _____, hereby consent to the following teeth to be extracted by Brent Call D.M.D., a general dentist:

___My dentist has determined that my teeth are non-restorable and need to be removed, or that my teeth are restorable but as an alternative to restoration of my teeth I have chosen to have them removed. In the case of fully impacted and partially impacted wisdom teeth (3rd molars), the reason for extraction has been explained, and I understand the expected benefits of extraction. Although wisdom teeth (3rd molars) do not always require removal, I have chosen to have them removed at this time.

___The oral surgical procedures to be performed have been explained to me and I am satisfied that I understand what is to be done. I agree to the use of local anesthetic and antibiotics as deemed necessary by Brent Call D.M.D.

___I understand that there are risks of complications associated with surgery, drugs and local anesthesia. The more common complications are post-operative pain, infection, swelling, bleeding, bruising/discoloration, and temporary or permanent parasthesia (tingling) or anesthesia (numbness) of the lip, tongue, chin, gums, cheek, or teeth (especially associated with the lower jaw). I am aware that injury to or stiffness of the neck and facial muscles, changes in temporomandibular joint and occlusion of teeth may occur. I am aware that injury to other tissues, adjacent teeth, restorations in other teeth, referred pain to the ear, head neck, nausea, vomiting, allergic reactions, bone fractures, and delayed healing are all possible during or after dental extractions.

___I understand that removal of upper teeth may result in sinus complications, including an opening into the sinus from the mouth. I also understand that some fractured root tips cannot be recovered with traditional extraction methods. In both situations, surgical intervention by an oral surgeon may be required.

___I am aware that pain medication may cause drowsiness and lack of awareness or coordination, which could increase by the use of alcohol or other drugs. I will not 1.) operate any vehicle 2.) operate any hazardous devices 3.) work 4.) be responsible for children while taking such medications for at least 24 hours or until fully recovered from the effects of the medications given me.

___I have been advised of other treatment modalities for the present oral condition and choose to have oral surgery/dental extractions over all other options.

___I have been informed of the option of having a bone graft done in conjunction with dental extractions to aid in healing and preservation of bone in the mouth. The risks and benefits of bone grafts have been explained to me. If I choose to have a bone graft performed, I am aware that human cadaver bone is usually used for the bone graft and I consent to its use.

___I acknowledge the receipt and understand the post operative instructions. I understand that complications with healing are common in oral surgery/dental extractions and that follow-up care is available to me.

___The fee for my treatment has been explained to me and is satisfactory. I am aware that occasionally further treatment due to complications may be required and that there are reasonable fees associated with these treatments. I freely give consent for Brent Call D.M.D to perform dental extractions on me.

Signature of Patient or Guardian

Date