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BROOKFIELD FAMILY DENTISTRY, LLC

**INFORMED CONSENT FOR ORAL SURGERY  
AND DENTAL EXTRACTION**

1. **Complications**- Complications from dental procedures very rarely occur, but it is important to understand the possibilities both with and without treatment.
2. **Inherent Risks**- Oral surgery (which does include dental extractions) has certain inherent risks. Those risks include but are not limited to:

**Bleeding**- Usually bleeding subsides in a few minutes to a few hours. However, if it continues, it should receive immediate attention.

**Bruising and/or Swelling**- May occur and can last for a few days or even a few weeks. This is especially true if impacted wisdom teeth are involved and if you bruise easily.

**Nerve Injury**- This includes nerves in the lips, the tongue, the cheeks, the floor of the mouth, etc. The numbness which could occur may be temporary, lasting just a few days, a few weeks, a few months. It could possibly be permanent.

**Dry Socket**- Occasionally this occurs after a tooth extraction and results from the blood clot not forming properly during the healing time. "Dry socket" refers to the blood clot being lost from the tooth socket. A dry socket can be painful, and if it occurs should be treated by your dentist as soon as possible.

**Infection**- While proper sterilization and cleanliness are carefully adhered to, the human mouth and oral cavity are inherently non-sterile environments. Infection can occur. Occasionally infection can result in swelling, fever, malaise, etc. Attention should be received as soon as possible, especially if fever is present.

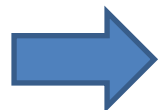
**Sinus Involvement**- The apices or ends of the upper teeth are very close to the sinus cavity in some patients. During extraction or other surgical procedures, the sinus can be perforated, and it may be necessary to surgically repair it.

**Injury to Adjacent Teeth or Fillings**- No matter how carefully surgical and extraction procedures are performed, adjacent teeth and fillings (especially very large fillings) can sustain injury.

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**Fractures Jaw, Root Fragments-** While rare, it is possible that the jaw, teeth roots, or bone may be fractured. Sometimes a decision is made to leave a root fragment especially when removing it would be necessitate further surgery and/or complications. Other times, the decisions may be made to refer the patient to a specialist for evaluation.

**Bacterial Endocarditis-** Bacteria are present in the oral cavity. This is a normal condition. The tissues of the heart (for reasons known or unknown, i.e., rheumatic fever, etc.) may be susceptible to a bacterial infection that is transmitted via the blood vessels. Bacterial endocarditis (otherwise known as infection of the heart) is a very serious condition. If any heart problems are known or suspected, the patient agrees to inform the doctor before any treatment is begun.

**Reasons to medicate-** Reaction to the medication, anesthetic, or analgesia may occur. Reaction may also occur in response to any other medications that were administered or prescribed.

It is the patient's responsibility to seek attention should any problem arise after the treatment. In addition, the patient's responsibility is to diligently follow any and all pre-operative and post-operative instructions.

The nature and purpose of the oral surgery and/or extraction has been explained to me, and I have had an opportunity to have my questions answered. I understand that dentistry is not an exact science and success with oral surgery and/or extractions cannot be guaranteed. I voluntarily assume the risks, including the risk or substantial harm which may be associated with any part of this treatment. In view of the above information, I authorize the doctor and/or such associates and assistants as necessary to render any treatment necessary and/or advisable to my dental condition including any and all anesthetics and/or medications. I understand an option is to do nothing and pain, swelling and infection may progress without treatment.

Patient Name (Print) \_\_\_\_\_

Tooth Number(s) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

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