



FRISBIE FAMILY DENTISTRY

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CONSENT FORM FOR ORAL SURGERY

Tooth/Teeth to be removed: _____

Additional procedures: _____

Alternative Treatment(s): _____

Extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. As in any surgery, there are associated risks. They include, but are not limited to the following.

1. Swelling and/or bruising and discomfort in the surgery area.
2. Stretching of the corners of the mouth resulting in the cracking and/or bruising of the area.
3. Possible infection requiring additional treatment.
4. Dry socket-jaw pain beginning a few days after surgery, usually requiring additional care. Dry sockets are more common from lower extractions, especially wisdom teeth.
5. Possible damage to adjacent teeth, especially those teeth with existing large fillings or crowns (caps).
6. Numbness or altered sensations in the teeth, gums, lips, tongue, and chin due to the closeness of the roots (especially wisdom teeth) to the nerves which can be bruised or damaged. The sensations almost always return to normal, but in rare cases, the loss is permanent.
7. Trismus – limited jaw opening due to inflammation or swelling, most common after wisdom teeth removal. Sometimes this results in jaw joint discomfort (TMD), especially when TMD disease already exists.
8. Bleeding – Significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another surgery to smooth or remove.
10. Incomplete removal of tooth fragments—to avoid injury to vital structures such as nerves or sinus. Sometimes, small root tips may be left in place.
11. Sinus involvement – The roots of upper back teeth are often close to the sinus and sometimes a piece of a root can be displaced into the sinus or an opening in the sinus may occur. These circumstances may require additional care.
12. Jaw fracture – While quite rare, it is possible in difficult or deeply impacted teeth.

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

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc. I have had the opportunity to discuss with the doctor the advantages and disadvantages to the removal of my tooth/teeth, and to ask questions. By signing this consent, I am stating that all benefits, risks and alternatives (including no treatment, restorative options, and surgery) have been explained to me in detail, and my questions have been encouraged and answered to my satisfaction. I also fully understand that there is no warranty or guarantee as to a result or cure.

Print patients name

Doctor's Signature

Date

Patient's (Guardian's) Signature

Witness' Signature

Date