



EXTRACTION CONSENT FORM:

I understand that extraction procedures include inherent risks such as, but not limited to the following:

- 1. Pain.** Some discomfort is inherent in any oral surgery procedure. It can be largely controlled with pain medications.
- 2. Infection.** No matter how carefully the surgical area is maintained, it is possible, because of the existing non-sterile oral environment, for infections to occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, professional attention should be received as soon as possible. Additional treatment may be required for this problem.
- 3. Bleeding, bruising, and swelling.** Some moderate bleeding may last several hours. If profuse, you must contact us as soon as possible. Some swelling is normal, but if severe, you should notify us. Swelling usually starts to subside after about 48 hours. Bruises may persist for a week or so. Stretching and cracking at the corners of the mouth can also occur.
- 4. Injury to nerves.** This would include injuries causing numbness to the lips; the tongue; any tissues of the mouth; and/or cheeks or face. This numbness which could occur may be of a temporary nature, lasting a few days, a few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.
- 5. Sinus involvement.** In some cases, the root tips of upper teeth lie in close proximity to the maxillary sinus. Occasionally, with extractions and/or grafting near the sinus, the sinus can become involved. If this happens, you will need to take special medications. Should sinus penetration occur, it may be necessary to later have the sinus surgically closed.
- 6. Adjacent tooth injury.** In some cases, adjacent teeth can be damaged during dental procedures.
- 7. Temporomandibular joint, jaw, and roots.** In some rare cases dislocation of the jaw joint, breakage of the jaw, or restricted opening can occur. Also, on rare occasions, a small piece of the root may be left in the jaw when removal may require extensive surgery.
- 8. It is your responsibility** to seek attention should any undue circumstances occur post-operatively. You should diligently follow any pre-operative and post-operative instructions given to by the doctor or staff members.

9. Informed Consent. As a patient, I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and have received answers to my satisfaction. I realize that unforeseen conditions may arise and during the procedure that require deviation from the plan discussed. I authorize the doctor to use their professional judgment and perform what procedure they deem necessary. I do voluntarily assume any and all possible risks, including the risk of harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Lisa Baines and her associates to render any treatments necessary or advisable to my dental conditions, including any and all anesthetics and/or medications. I consent to take my medications as directed following any orders or restrain from activity or operating machinery as some medications can impair judgment and cause drowsiness.

Signature: _____

Date: _____

Witness: _____