



Oklahoma Family Dentistry

Comfortable, Quality and Affordable

Informed Consent for Oral & Maxillofacial Surgery

Procedure: Surgical removal of teeth.

Alternatives to Surgery:

The risks to my health if these teeth are not removed include, but are not limited to:

- Infection
- Cyst or tumor formation
- Periodontal (gum) disease
- Increased risk for complications if required at a later time.

Possible complications which have been discussed with me include, but are not limited to:

- Injury to the nerves to the lower lip and tongue causing numbness, which could possibly be permanent.
- Bleeding and/or bruising which may be prolonged.
- Dry Socket
- Involvement of the sinus above the upper teeth.
- Infection.
- Decision to leave a small piece of root in the jaw when its removal would require extensive surgery and increased risk of complications.
- Injury to adjacent teeth or fillings.
- Unusual reaction to medications given or prescribed.
- _____

I understand that a perfect result cannot be guaranteed. If any unforeseen conditions arise during the procedure, I request and authorize the doctor to do whatever he deems advisable to correct the conditions.

I agree to cooperate completely with the doctor's instructions and will follow postoperative instructions to the best of my ability for my own comfort and safety. I have had the opportunity to ask questions concerning these procedures.

Patient, Parent or Guardian

Date

Doctor

Witness