CONSENT FOR EXTRACTIONS OF TEETH

Patient Name: Abraham Pren

Extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. As in any surgery, there are some 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 cracking and bruising.
3. Possible infection requiring further treatment.
4. Dry socket – jaw pain in the beginning.
5. Possible damage to adjacent teeth, especially those with large fillings or caps.
6. Numbness or altered sensation in the teeth, lip, tongue and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or injured. Sensation most often returns to normal, but in rare cases, the loss may be permanent.
7. Trimus – limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
8. Bleeding – significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form late at the edge of the socket. These may require another surgery to smooth or remove them.
10. Incomplete removal of tooth fragments – to avoid injury to vital structures such as nerves or sinuses. Sometimes small root tops may be left in place. Sinus involvement: the roots of upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus, or an opening may occur into the mouth that may require additional care.
11. Jaw fracture – while quite rare, it is possible in difficult or deeply impacted teeth.

Most procedures are routine and serious complications are not expected.

Teeth to be extracted: #17 and #32

I have read and understand the above, and had my questions answered. I recognize there can be no warranty as to the outcome of treatment, and I give my consent to surgery.

	10/17/01
Patient's (or legal guardian's) Signature	Date
	10/17/01
Doctor's Signature	Date
	10/17/01
Witness Signature	Date