

Just Pull It

SPRING HILL
180 Mariner Boulevard
Spring Hill, FL 34609

TAMPA
7059 W Waters Avenue
Tampa, FL 33634

LUTZ
1942 Collier Parkway
Lutz, FL 33549

ZEPHYRHILLS - NOW OPEN!
37806 Medical Arts Court
Zephyrhills, FL 33541

* \$250 includes a panoramic x-ray (D0330), limited exam (D0140), and extraction of the affected tooth (D7140). Wisdom teeth are slightly higher at \$300 per tooth for exam, x-ray, and consult.

A small percentage of extractions cannot be completed during the initial visit, the patient is then responsible for an office visit fee of \$45. Some patients require additional follow-up care that may incur expenses outside of the initial price of the extraction. Sedation is available for eligible patients for an additional fee of \$350. We do not accept any insurance, only cash or card. Pricing not valid with any other offers. Call us with any questions! Our phone number is 352-833-PULL (7855).



Patient's Name: _____
Last First

Address: _____ City: _____

State: _____ Zip Code: _____ Phone# _____

Date Of Birth: _____ Email: _____

How did you hear about us? _____ S.S. # _____

Emergency Contact Name & Phone # _____

Are you taking any Medications? YES NO

Please List _____

Are You Allergic To Any Medications/Latex/Foods? YES NO

Please List _____

Do You Have OR Have You Ever Had?

Please Circle

Abnormal Blood Pressure

YES NO

Artificial joint, Prosthesis

YES NO

Asthma

YES NO

Blood Thinners, Taking?

YES NO

Cancer /Radiation Therapy of Head and Neck

YES NO

Diabetes

YES NO

Smoker

YES NO

Epilepsy/Seizure

YES NO

Heart Condition

YES NO

Malignancy

YES NO

Stomach, Kidney or Liver problems?

YES NO

Might you Be Pregnant?

YES NO

Do you have any other medical conditions? List _____

PAYMENT IS DUE AT TIME OF SERVICE. NO EXCEPTIONS! _____

CASH OR CREDIT CARD ONLY

CONSENT:

I understand that this examination is going to address my immediate problem or emergency and should not be confirmed as a complete examination with resulting treatment.

I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

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:

1. Swelling and/or bruising and discomfort in the surgery areas.
2. Stretching of the corners of the mouth resulting in cracking and bruising.
3. Possible infection requiring further treatment.
4. Dry socket—jaw pain beginning in a few days after surgery, usually requiring additional care. It is more common from lower extractions, especially wisdom teeth.
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. Trismus—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 later 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 tips 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 which 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. Those which do occur are most often minor and can be treated. **Please note:** Some complications require additional care – if this should occur, additional fees may be applied.

I attest to the accuracy of the information on this page:

Date

Patient's Signature

Witness