



Joy John, DMD
Kierstin Kerr, DMD
Amanda Peer, DMD
Lauren Murphy, DMD

Consent for Dental Extractions

Dental extraction is the permanent removal of baby or permanent teeth.

Prior to consenting, please speak with our front desk in regard to your dental insurance coverage and any fees associated with today's procedure.

Indications:

- Pain, infection, decay
- Fractured tooth/unrestorable tooth
- Dental crowding/orthodontic treatment

Benefits:

- Relieve pain
- Remove source of infection
- Facilitate eruption of permanent teeth

Risks:

- Post-operative discomfort, bleeding, swelling, bruising, persistent numbness (extremely rare in baby teeth)
- Fracture of tooth
- Retained small root fragments (may be left in jaw for resorption or eruption at a later date)
- Loss of adjacent fillings or injury to nearby teeth or soft tissues
- Aspiration or swallowing of tooth

Alternatives:

- No treatment
- Root canal therapy/pulp therapy
- Referral to oral surgeon

Post-Op Instructions:

- Bite on gauze for 30 minutes. If bleeding persists continue to apply pressure.
- Children's Tylenol or Motrin may be given after extraction.
- Soft foods and encourage fluids for 24 hours.
- No spitting or drinking through a straw or sippy cup for 24 hours.
- Limited physical activity immediately after extractions
- Ice pack or cool washcloth if swelling occurs
- Numbness of cheek, lip and tongue lasts for 1-3 hours. Make sure your child does not bite his/her lip.

Space Maintenance:

- In some cases a "spacer" may be recommended to hold open the empty space left by a lost tooth. This may help save the position for the developing permanent tooth that will eventually grow into that position.

I, _____, as parent/legal guardian of _____ (DOB: _____) hereby consent to _____ (**number**) of tooth extractions in conjunction with dental treatment. I am aware of the benefits/risks involved with this procedure, and I have had the opportunity to have my questions answered.

By signing below, I confirm that I have read, understand and agree to the above.

Parent/Legal Guardian Signature: _____ Date: _____

Dentist Signature: _____ Date: _____

Witness: (if available) _____ Date: _____