Ian Corbett

Specialist Oral Surgeon

Consent Form

Patient Name: Date of Birth:

Proposed Procedure:

Additional Procedures:

Intended Benefits:

Frequently occurring or serious risks and complications:

Pain, swelling, bruising, bleeding, stiff jaw, infection/inflammation

Additional Specific Complications:

⭘ Altered sensation to lip, chin, teeth or tongue, including taste, temporary or permanent

⭘ Oro-antral communication

⭘ Delayed Healing

⭘ Jaw fracture

⭘ Other:

This procedure will involve:

⭘ Local Anaesthetic ⭘ Intravenous Sedation

Signed: Date:

Dr IP Corbett, FDS RCSEd, BDS, PhD, BSc

Specialist Oral Surgeon, GDC Registration 73140

I agree to the procedure or course of treatment described on this form. I have had the opportunity to discuss the procedure and alternative treatments, and to ask any questions. I have had the opportunity to describe any procedures I do not wish to be undertaken, listed below. Any procedure in addition to those described will only be carried out if it is necessary to save my life or to prevent serious harm. The procedure will be performed by a surgeon with appropriate training and experience.

Patient’s Signature: Date: