

Extraction Consent

Patient Name: _____ **ID:** _____

Tooth extraction is an irreversible process and a surgical procedure. As with any surgery, there are some risks. They include, but are not limited to, the following:

- **Bleeding:** Significant bleeding is uncommon, but persistent drainage can be expected for several hours.
- **Swelling, bruising and / or discomfort** in the surgery area.
- **Stretching** of the corners of the mouth that produces cracks or bruises.
- **Trismus:** limited jaw opening due to inflammation or swelling is most common after wisdom tooth/teeth are removed. Sometimes it is a result of jaw joint discomfort after wisdom tooth/teeth are removed especially when TMJ disease already exists.
- **Possible infection** requiring additional treatment.
- **Dry socket:** jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from lower extractions, ESPECIALLY wisdom teeth.
- **Possible damage** to adjacent teeth especially those with large fillings or caps.
- **Numbness or altered sensation** in the teeth, gums, lips, tongue, and chin due to the closeness of the tooth roots (ESPECIALLY wisdom teeth) to the nerves which can be bruised or damaged. Almost always sensation returns to normal, but in rare cases, the loss may be permanent.
- **Incomplete removal of root fragments:** to avoid injury to vital structures such as nerves or sinus, sometimes small root-tips may be left in place.
- **Sharp ridges or bone splinters** may form later at the edge of the socket. These may require another surgery to smooth or remove, yet usually resolve over time.
- **Sinus involvement:** the root of the upper back teeth is 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.
- **Jaw fracture:** while quite rare, it is possible in difficult or deeply impacted teeth.

Most procedures are routine and serious complications are not expected. Minor complications may be treated.

Post-operative visits will be considered within a 7-day period from treatment date. For any care after that time frame a Limited Oral Evaluation may be requested (additional charges may apply).

Tooth/teeth to be removed _____

I have read and understand the above and give my consent to surgery.

Gallemore Dental Group is not held liable for any financial obligations that may arise from common associated risks after indicated treatment is agreed (consent).

Signature: _____ Date: _____