

Informed Consent for Oral & Maxillofacial Surgery

Procedure: Extraction (removal) of teeth _____.

Alternatives to Surgery: I understand that if this tooth/teeth is/are not removed, my condition may worsen, resulting in complications including but not limited to:

1. Infection
2. Loss of additional teeth
3. Pain

Possible complications which have been explained to me are:

1. Dry socket
2. Infection
3. Decision to leave a small piece of root in the jaw when its removal would require extensive surgery and increased risk of complications.
4. Bleeding and bruising
5. Swelling
6. Injury to adjacent teeth or fillings
7. _____

I have had the opportunity to discuss this surgery with the doctor and to ask questions. I consent to the surgery as described.

Patient, Parent or Guardian

Date

Doctor

Witness