

## Consent for Extraction of Teeth

**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 area.
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 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.

**Teeth** to be removed: \_\_\_\_\_

I have read and understand the above, and had my questions answered. I recognize there can be no warranty as to the outcome of treatment, and I give my **consent** to surgery.

\_\_\_\_\_  
Patient or legal guardian date

\_\_\_\_\_  
Doctor's Signature date

\_\_\_\_\_  
Witness date