



521 4<sup>th</sup> St. – Havre, MT 59501-3649 \*\* Phone 406-395-4305 Fax 406-395-5643

Informed Consent for Oral Surgery (Tooth Extraction including Wisdom Teeth)

Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_

Procedures are performed by General Dentists and some cases may be referred to a specialist before or after surgical procedures for follow-up or completion by an Oral and Maxillofacial Surgeon

Potential Risks for Oral Surgery Procedures:

1. Injury/Breakage of adjacent teeth or fillings
  2. Post-operative infection and/or pain which may require additional treatment including but not limited to antibiotic regiment or an additional surgery to remove infection
  3. Injury to nerves resulting in prolonged numbness in structures including, but not limited to chin, lip, cheek, gums, and tongue. This numbness may be present from weeks to months and in rare cases may be permanent.
  4. Pieces of the tooth may be left in the jaw which would require additional surgery to be removed by a specialist.
  5. Stretching of the mouth resulting in cracking and/or bruising of the lips or tenderness in the muscles used to open and close the mouth
  6. Communication (opening) of the sinuses above the teeth, which may require additional treatment/surgery.
  7. Dry Socket (alveolar osteitis) may occur if the blood clot is lost or dislodged pre-maturely. Pain may persist for days without treatment.
  8. In rare cases fracture to upper and lower jaw bones during procedure which would require additional surgical procedures by an Oral and Maxillofacial Surgeon
- Wisdom Teeth (Teeth 1,16,17, and 32) Extraction

1. The Inferior Alveolar Nerve, which gives feeling to lower jaw on one side including the teeth, gums, and lips is located very close and occasionally touching the roots of the wisdom teeth. Due to the proximity of this nerve to the roots it could be damaged during the surgical procedure resulting in prolonged numbness which, in rare cases, could be permanent.
2. The Lingual Nerve gives sensation and taste to the tongue on the affected side and is also located in the vicinity of surgery and could be damaged during the procedure. Taste and sensation could be lost temporarily from weeks to months or in rare cases be permanent.
3. Post-operative pain, swelling, and/or infection could arise following wisdom tooth extraction and may require additional surgeries, antibiotics or referral to a specialist.

I understand that risks are involved in any dental/surgical procedure. I acknowledge that the procedure and associated risks have been explained to me and that all of my questions have been answered by my doctor. I give my consent for this procedure.

**BIOPSY:** In addition to the Bullhook Dental Clinic fee, pathology fees will be billed to you or your MEDICAL insurance company directly from the pathology lab. Additional paperwork from pathology lab has been provided to patient

Tooth to be Extracted: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_

09/2017

*for family • for health*

