Lyman Family Dentistry

Oral Surgery and Dental Extractions Informed Consent

I understand that oral surgery and/or dental extractions include the following inherent risks that may occur:

1. **Injury to Nerves:** This could include injuries causing numbness of the lips, tongue, or any tissues of the mouth, cheeks or face. Any numbness may be temporary, lasting a few days, a few weeks or a few months. It could possibly be permanent in extremely infrequent situations.

2. **Bleeding, Bruising, Swelling:** Slight bleeding may last several hours. If profuse, **you must contact us as soon as possible or seek medical attention.** Some swelling is normal, but if severe, you should notify us. Bruises or hematomas may persist for some time.

3. **Dry Socket:** This occurs infrequently when teeth are extracted and is a result of a blood clot not forming properly during the healing process. **Call us if pain persists.**

4. **Sinus Involvement:** In some cases, the root tips of upper teeth lie near the sinuses. Occasionally during extraction or surgical procedures, the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed, and root tips may need to be retrieved from the sinus.

5. **Infection:** No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, for infections to occur postoperatively. Call our office if infection is suspected.

6. **Fracture of the Jaw, Tooth Roots, Bone Fragments, or Instruments:** Although extreme care will be used, the jaw, tooth roots, bone spicules, or instruments used in the extraction procedure may fracture or be fractured, requiring retrieval.

7. **Injury to Adjacent Teeth or Fillings:** This could occur at times no matter how carefully surgical and/or extraction procedures are performed.

8. **Heart-Associated Infection:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart may be more susceptible in certain individuals to bacterial infection transmitted through blood vessels and infection of the heart could occur.

9. **Unusual Reactions to Medications Given or Prescribed:** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. Cardiac arrest could occur as a reaction to local anesthetics solution if you have used cocaine or methamphetamines within the last 24-48 hours. All prescriptions drugs must be taken according to instructions. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective.

10. **It is my responsibility to seek attention should any undue circumstances occur post-operatively and I shall follow any post-operative instructions given to me.**

Lyman Family Dentistry

Oral Surgery and Dental Extractions Informed Consent

Informed Consent: I have received a written copy of possible risks and complications associated with dental extractions. I have also been given the opportunity to ask questions regarding the nature and purpose of surgical treatment and/or extractions of teeth and have received answers to my satisfaction. I have been given the opportunity to consider alternative treatments and wish to move forward with surgical options.

I assume any possible risks, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. I have disclosed any and all health conditions or medications that may need to be considered before treatment, including the use of any blood thinning and/or bisphosphonate medications, as well as any need for antibiotic prophylaxis for heart conditions or joint replacement. The fees for this service have been explained to me and are satisfactory.

By signing this form, I am giving consent to allow and authorize Dr. Chris Ayers D.M.D. and/or Dr. Heather Wright D.M.D. to perform any required surgical procedures, and render any treatment necessary or advisable to my dental conditions, including any anesthetic and/or medications. I have read and understand the above information.

_____

PATIENT'S NAME DATE

_____

SIGNATURE OF PATIENT, LEGAL GUARDIAN, OR AUTHORIZED REPRESENTATIVE