

MIDWEST ORAL & MAXILLOFACIAL SURGERY, PA

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CONSENT FOR LOCAL ANESTHESIA & EXTRACTION OF TEETH

Patient's Name _____

Date _____

Procedure to be performed/ teeth to be removed _____

If you have any questions, please ask your doctor BEFORE signing.

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, the following:

1. Swelling and/or bruising and discomfort in the surgery area.
2. Stretching of the corners of the mouth resulting in cracking or bruising.
3. Possible infection requiring additional 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 crowns.
6. Numbness or altered sensations in the teeth, gums, lip, tongue and chin, due to the closeness of 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.
7. Limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is a result of jaw joint discomfort (TMJ), especially when TMJ disease already exists.
8. Significant bleeding is not common, but persistent oozing can be expected for several hours.
9. After surgery sharp ridges or bone splinters may form requiring additional surgery.
10. To avoid injury to vital structures such as nerves or sinus, sometimes small root tips may be left in place.
11. 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.
12. Jaw fracture - while quite rare, is possible in difficult or deeply impacted teeth.

ANESTHESIA

- Local Anesthesia ("Novocaine")
- Local anesthesia with nitrous oxide/oxygen analgesia ("Laughing Gas")

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc. I certify that I speak, read and write English.

Patient's (or Legal Guardian's) Signature _____

Date _____

Doctor's Signature _____

Date _____

Witness' Signature _____

Date _____