Pt Info Label Here

Date	CONSENT FOR EXTRACTION OF TEETH	
**Please initial each parag	aph after reading. If you have any questions, please ask <u>BEFORE</u> initialing.	
TEETH TO BE EXTRACTED:		
	versible process and, whether routine or difficult, is a surgical procedure. As in any surginclude, but are not limited to, the following:	ery,
1. Swelling and/	r bruising and discomfort in the surgery area.	
2. Stretching of t	e corners of the mouth resulting in cracking or bruising.	
3. Possible infect	on requiring additional treatment.	
	pain beginning a few days after surgery usually requiring additional care. It is more ions, especially wisdom teeth.	
5. Possible dama	e to adjacent teeth, especially those with large fillings or crowns (caps).	
sensation) and chin, due to	n, or altered sensations in the teeth, gums, lip, tongue (including possible loss of taste the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruise nsation returns to normal, but in rare cases, the loss may be permanent.	ed or
	d jaw opening due to inflammation or swelling, most common after wisdom tooth remonw Joint Disorder (TMJ), especially when TMJ disease already exists.	val.
8. Bleeding- Sign	cicant bleeding is not common, but persistent oozing can be expected for several hours	
9. Sharp ridges o surgery to smooth or remo	bone splinters may form later at the edge of the socket. These usually require another e.	
10. Incomplete re sometimes small root tips i	noval of tooth fragments. To avoid injury to vital structures such as nerves or sinus, asy be left in place.	
	ent. The roots of the upper back teeth are often close to the sinus and sometimes a piece sinus or an opening may occur into the mouth that may require additional care.	ce of
12. Jaw Fracture-	While quite rare, it is possible in difficult or deeply impacted teeth.	
Patient or Parent/Guardia	Signature Date	
Witness	Date	