



INFORMED CONSENT DISCUSSION FOR EXTRACTIONS

PATIENT NAME:**DIAGNOSIS:****FACTS FOR CONSIDERATION**

An extraction involves removing one or more teeth. Depending on their condition, this may require sectioning the teeth or trimming the gum or bone tissue. If any unexpected difficulties occur during treatment, I may refer you to an oral surgeon, who is a specialist in dental surgery.

Approximate Cost: .

Once the tooth is extracted, you will have a space that you may want to fill with a fixed or removable appliance. Replacement of missing teeth may be necessary to prevent the drifting of adjacent and/or opposing teeth to maintain function, or for cosmetic appearances. The options of a fixed or a removable appliance will be explained to you.

As in all surgical procedures, extractions may not be perfectly safe. Since each person is unique and responds differently to surgery, the healing process may vary; no guarantees can be made.

BENEFITS OF EXTRACTION, NOT LIMITED TO THE FOLLOWING:

The proposed treatment should help to relieve your symptoms and may also enable you to proceed with further proposed treatment.

RISKS OF EXTRACTION, NOT LIMITED TO THE FOLLOWING:

I understand that following treatment I may experience **bleeding, pain, swelling, and discomfort** for several days, which may be treated with pain medication. It is possible **infection** can follow extraction and must be treated with antibiotics or other procedures. I will contact the office immediately if symptoms persist or worsen.

I understand that I will receive a **local anesthetic and/or other medication**. In rare instances patients have a reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a **designated driver to take me home**. Rarely, temporary or permanent nerve injury can result from an injection.

I understand that all **medications** have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking, which are:

.I understand that holding my mouth open during treatment may temporarily leave my **jaw feeling stiff and sore** and may make it difficult for me to open wide for several days. However, this can occasionally be an indication of a further problem. I **must notify your office** if this or other concerns arise.

I understand that the necessary blood clot that forms in the socket may disintegrate or dislodge. This painful condition, called **dry socket**, lasts a week or more and is treated by placing a medicated dressing in the tooth socket to aid healing. To protect against developing dry socket I must not smoke, drink through a straw, rinse with water or mouthwash, chew food in that area, or disturb the socket in any way for 24 to 48 hours.

I understand that the instruments used in extracting a tooth may **unavoidably chip or damage adjacent teeth**, which could require further treatment to restore their appearance or function.

I understand that upper teeth have roots that may extend close to the **sinuses**. Removing these teeth may temporarily leave a small opening into the sinuses. Antibiotics and additional treatment may be needed to prevent a sinus infection and help this opening to close.

I understand that an extraction may cause a **fracture** in the surrounding bone. Occasionally, the tooth to be extracted may be fused to the surrounding bone. In both situations, additional treatment is necessary. **Bone fragments** called "spicules" may arise at the site following extraction and are generally easily removed.

