



CONSENT FOR DENTAL EXTRACTIONS

I hereby authorize the doctors at Thrive Dental & Orthodontics and their staff to perform oral surgery (extraction) procedures for me or my dependent on tooth number(s): _____

I understand that the purpose of dental extractions is to remove teeth that are highly infected or non-restorable. It has been explained to me that this is an elective procedure and that there are possible alternative treatments such as no treatment, root canal therapy, or referral to a specialist. The doctor has advised me of the consequences of not treating this condition, which include, but are not limited to: worsening of the disease, infection, cystic formation, swelling, pain, bone destruction due to abscess, and/or other systemic disease manifestations.

I understand extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. Even though care and diligence will be exercised by my treating dentist, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Bleeding:** Significant bleeding is not common, but oozing can be expected for the first 24-48 hours following treatment. In patients taking blood thinners or anticoagulants, it can take longer for blood clots to form. If there is severe bleeding 4 hours after treatment, please call the office immediately.
2. **Infection:** Despite the use of sterile surgical instruments, it is possible for infection to occur post-operatively. At times these may become severe. Should a fever and swelling occur, especially if it impairs the patient's ability to speak, swallow, or breath, medical attention should be sought immediately. In some cases hospitalization and/or treatment with IV antibiotics may be necessary. If antibiotics are prescribed following treatment, women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of contraception during the treatment period.
3. **Sharp ridges or bone splinters:** These may occur as healing progresses. Sometimes the body "works them out" without assistance, but in some cases an additional procedure may be needed to smooth or remove them.
4. **Adjacent Damage:** Damage to existing fillings, crowns, bridges, veneers, or natural teeth can occur necessitating replacement of the restoration. Tissue laceration or abrasion may require sutures (stitches). Stretching of the corners of the mouth can result in cracking and bruising of the lips and/or tissue around the mouth.
5. **Incomplete removal of tooth or bone:** To avoid injury to vital structures such as nerves or sinuses, a decision may be needed to leave a small piece of root or bone fragment in the jaw when its removal would require extensive surgery and/or additional risks or complications.
6. **Nerve Injury:** Injury to the nerves, although infrequent, can cause numbness (anesthesia), tingling/burning (paresthesia), or altered sensation in the teeth, lip, tongue, chin, and the tissues in the floor of the mouth. This change in sensation may be temporary lasting a few days to a few months, or could possibly be permanent.

Initials _____

7. **Dry Socket:** Pain beginning a 3-5 days after tooth removal when a blood clot does not properly form during healing. Dry socket can be extremely painful and is typically accompanied with a foul odor. Dry socket usually requires additional care to ease discomfort. Following all post-op instructions can help prevent dry socket, but it is more common in smokers and patients taking oral contraceptives.

8. **Sinus Involvement:** In some cases, the roots of upper back teeth are positioned close to the sinus. During extraction or surgical procedures, the thin bone and tissues surrounding the sinus membrane may be perforated causing a piece of root to be displaced into the sinus, or an opening to occur into the mouth which may require referral to a specialist for repair.

9. **Fractured jaw, bone, or roots:** Even though extreme care is taken during treatment, there is a possibility that the jawbone, tooth roots, or bone spicules may be fractured and require referral to a specialist for treatment.

10. **Bacterial Endocarditis:** The tissues of the heart, due to a number of conditions (such as a heart murmur following rheumatic fever, existence of an artificial heart valve, cardiac damage following PhenFen use, etc), may be susceptible to bacterial infection transmitting from the mouth via the circulatory system. This results in infective endocarditis, which may lead to damage of heart valves. The patient must notify the doctor of any known or suspected heart problems prior to surgery.

11. **Muscle or jaw pain and soreness:** Swelling, discomfort and/or bruising may be noticed following oral surgery, especially third molar (wisdom tooth) extractions. Pre-existing TMJ (jaw joint) conditions may be aggravated by oral surgery. Clicking, popping, muscle soreness, and difficulty opening (trismus) may be noticed following surgery. If symptoms persist, the patient should contact the office. The patients must notify the doctor of any pre-existing conditions prior to surgery.

12. **Unusual reaction to medications:** Reactions, either mild or severe, may possibly occur from anesthetic or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. If any medications prescribed cause nausea and/or vomiting, please call the office immediately.

13. **Bisphosphonate drugs:** Patients who have taken Fosamax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone, like in osteoporosis or for treatment of metastatic bone cancer, are at an increased risk of osteonecrosis (failure of the bone to heal properly) following any oral procedure involving the bone, including alveoloplasty. The patient must notify the doctor of any medical conditions and medications that have been or are currently being taken for bone health.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of dental extractions and/or oral surgery, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered to me. The fees for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize the doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent's dental conditions.

Patient's Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness' Signature

Date