

Oral Surgery and Dental Extractions Informed Consent

I understand that oral surgery and/or dental extractions include inherent risks, such as, but not limited to the following:

1. **Injury to the nerves:** This could include injuries causing numbness of the lips; the tongue; any tissues of the mouth; and/or cheeks or face. This numbness which could occur may be temporary, lasting a few days, a few weeks or a few months. It could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.
2. **Bleeding, bruising, swelling:** Slight bleeding may last several hours. If profuse, you must contact us as soon as possible. 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 blood clot not forming properly during the healing process. Dry sockets can be extremely painful if not treated. Call us if pain persists.
4. **Sinus involvement:** In some cases, the root tips of upper teeth lie in close proximity to 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. 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. At times, these may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or tiredness, call us as soon as possible.
6. **Fracture of jaw, roots, bone fragments, or instruments:** Although extreme care will be used, the jaw, teeth roots, bone spicules, or instruments used in the extraction procedure may fracture or be fractured, requiring retrieval and possibly referral to a specialist. A decision may be made to leave a small piece of the root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery which could cause more harm and add to the risk of complications.
7. **Injury to adjacent teeth or fillings:** This could occur at times no matter how carefully surgical and or extraction procedures are preformed.
8. **Heart-associated infection:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels and infection of the heart could occur. Please inform us of any heart problems known or suspected.
9. **Unusual reactions to medications given or prescribed:** Reactions, either mild or severe, may possibly occur as a reaction to local anesthetic solution if you have used cocaine or methamphetamines within the last 24-48 hours. All prescription drugs must be taken according to instruction. Woman using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.
10. It is my responsibility to seek attention should any undue circumstances occur post-operatively and I shall diligently follow any pre-operative and post-operative instructions given to me.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extractions of teeth and have received answers to my satisfaction. 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. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory.

By signing this form, I am giving my consent to allow and authorize Dr. Paul Caputo DDS to render any treatment necessary or advisable to my dental conditions, including any anesthetics and/or medications.

The below signed herewith permits and consents to the performance of the treatment and/or procedures known as:

Patient's Name _____ Date _____

Signature of patient, legal guardian or authorized representative
