

I have recommended one or more of your teeth be extracted based upon your symptoms, my examination of your mouth, the treatment plan I have discussed with you, and your choice. Uncomplicated extractions are a predictable minor surgery. I, nevertheless, want you to be aware of the commonly known risks and side effects of this procedure. On occasion a tooth requires surgical removal where an incision is made in gum tissue or bone is removed to gain access to the tooth.

Local anesthetic will be used for the procedure and carries a risk of allergic reaction, numbness, and unforeseen complications.

You may experience **pain, swelling or bleeding** for a time after the extraction. Instructions on how to manage these problems, if they occur, will be given to you. These should last for only a short while, but should a problem become more severe or last longer than you anticipated, please call our office.

You may experience an **infection** following the extraction. I will advise you what to look for as a sign of infection. If any of these signs occur you should call or see me as soon as possible. Infections can involve aggressive bacteria and, in some cases, may require hospitalization to successfully treat.

Teeth adjacent to the extraction tooth may be chipped, damaged or lost during the extractions.

Nerves which supply sensation to your mouth, chin, lips, tongue, and gum tissue may run near the area of extraction. After the extraction you may experience **alteration of normal sensation** (itching, burning or tingling, for example) for a short or indefinite period of time. In very rare cases the sensation may be lost permanently.

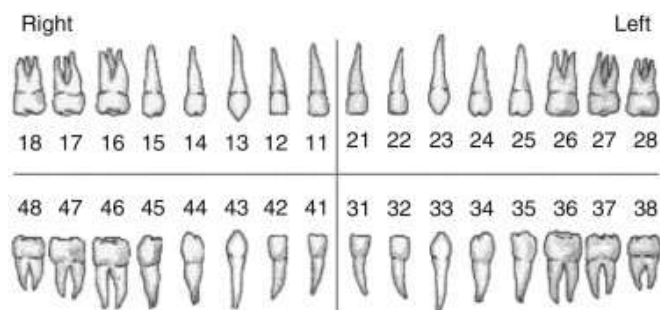
You may experience a painful but harmless condition known as a **dry socket**. This occurs when the protective blood clot is dislodged, exposing and irritating nerve endings. Closely following the post-operative instructions minimizes the risk of developing this condition. Although dry sockets are temporary and not harmful, it is painful. It can be readily treated and you should seek treatment from me. I will place a medicine in the socket that will soothe and protect it while alleviating the pain.

For teeth in the upper jaw there is a risk that following the extraction a hole or pathway may be present between the sinus and your oral cavity. This is because the roots of upper teeth end just below the floor of the sinus and sometimes actually go through the sinus floor. If a **sinus perforation** does occur, I may need to make a small surgical repair of the hole and may place you on antibiotics and antihistamines to reduce the risk of a sinus infection.

Following the procedure the muscles of your **jaw may be stiff or sore** and it may be difficult to open your mouth wide for several days. This is a temporary condition and moist heat and pain medication may provide some relief. You may also experience some cracking or redness in the corners of your mouth.

☐ I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I understand the nature of the proposed treatment, its risks, benefits, limitations, and alternatives. By signing below, I consent for this procedure to be performed.

☐ I understand/accept that treatment provided today is limited to the condition identified during this emergency visit's limited exam and does not replace the need for comprehensive dental care that I should pursue with a primary dental provider for long-term management of my oral health.



Date: _____

Pt Name: _____

Pt Signature: _____

Dentist Signature: _____

Additional Notes: _____