

Oral Surgery Informed Consent

DEAR PATIENT:

You have the right to be informed that there are certain inherent risks and hazards in any oral surgery. Individual reactions to treatment **CANNOT** be predicted. The doctor may discover other or different conditions that may require additional or different procedures than those planned. Please be assured that we will do our best at all times to make healing as rapid and trouble-free as possible.

PLEASE INITIAL / SIGN AFTER READING THE COMMON RISK FACTORS

____ ALL SURGERIES:

1. Allergic reaction to local anesthetics or other medications
2. Injury to lips, tongue, or other soft tissues
3. Damage to adjacent teeth / fillings / crowns / hard tissue
3. Prolonged Bleeding
4. Soreness, pain, swelling, bruising, and restricted mouth opening
5. Infection
6. Scarring

____ ALL TOOTH EXTRACTIONS:

1. Sharp ridges / Bone splinters
2. Root Tips: deliberately left in place to avoid damage to nearby vital structures
3. Dry socket (delayed healing)
4. TMJ ((jaw joint) problem / Jaw fracture
5. Parasthesia: loss of feeling

____ UPPER TEETH EXTRACTIONS:

Possible SINUS OPENING and/or SINUS INFECTION

Due to: closeness of the roots of upper back teeth to the sinus; root / teeth being displaced into the sinus

____ LOWER TEETH EXTRACTIONS:

NUMBNESS: The lip, chin, teeth, gums, or tongue could thus feel numb / painful, loss of taste, and change in speech. This could remain for days, weeks, or possibly, permanently.

I have read and discussed the preceding with Dr. Lee before authorize her and staff to perform the following procedures:

Patient / legal guardian's signature: _____ **Date:** / / 201

Witness signature: _____ **Date:** / / 201

Doctor's signature: _____ **Date:** / / 201



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