



## Informed Consent for Extraction

**Diagnosis:** My dentist has determined that my condition requires the extraction of one or more teeth. The exact reason for the extraction has been thoroughly explained to me.

**Description of Procedure:** The problem tooth or teeth will be removed

**Expected Benefits of Procedure:** Tooth extraction will either relieve symptoms associated with teeth that cannot be effectively with alternative procedures or to provide space for the application of dental implants or other subsequent work.

**Risks Associated with the Procedure:** Extraction of teeth is an irreversible surgical procedure. Risks include, but are not limited to: Swelling and/or bruising and discomfort in the surgery area; stretching of the corners of the mouth resulting in cracking or bruising; possible infection requiring additional treatment; dry socket jaw pain beginning a few days after surgery, usually requiring additional care. This is more common with lower extractions, especially wisdom teeth; possible damage to adjacent teeth, especially those with large fillings or caps; numbness or altered sensation in the teeth, gums, lip, tongue and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or damaged. In most cases, sensation returns to normal, but in rare cases, the loss may be permanent; trismus, or limited jaw opening due to inflammation or swelling, most common after wisdom tooth extraction. Sometimes this is a result of jaw joint discomfort (TMJ), especially when a TMJ disorder already exists; bleeding - significant bleeding is not common, however persistent oozing can be expected for several hours; sharp ridges or bone splinters may form later at the edge of the socket. These usually require additional surgery to smooth or remove; incomplete removal of tooth - to avoid injury to vital structures such as nerves or sinus, sometimes small root tips may be left in place; sinus involvement - the root can be displaced into the sinus or an opening may occur into the mouth which may require additional care; jaw fracture - while quite rare, it is possible in difficult or deeply impacted teeth.

**Compliance with Self-Care Instructions:** I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I also understand that failure to follow daily care instructions or report for follow-up appointments as needed may lead to further risks or complications.



**No Warranty or Guarantee:** I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the Extraction will be successful. There is a risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth.

**Supplemental Records and Their Use:** I consent to the use of photography, video recording, and/or X-rays of my oral structures for both the above procedure(s) and educational use in lectures or publications, provided my identity is not revealed in compliance with HIPAA.

I, \_\_\_\_\_, understand the risks involved with this extraction and I release Dental TLC and any Dental TLC employees, agents or independent contractors from any liability related to the extraction.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_