

Background Information on Dental Extractions

It is important to note that removing teeth is a surgical procedure. As with any surgical procedure there are inherent risks and the potential for post operative complications to occur.

The following is a list of potential complications or post operative sequelae that may occur during the removal of a tooth or teeth.

- Swelling may occur on the side of the face where the tooth/teeth were removed. This is not unusual and will usually resolve in a few days.
- After surgery you may experience limited opening of your mouth due to stiffness in the jaw muscles
- Numbness of the lip and /or tongue on the side of the mouth where the tooth/teeth were removed may occur. In the majority of cases this is a temporary condition that resolves within a few days. However in some cases this numbness may take longer to resolve, and in rare cases permanent numbness of the lip and /or tongue can occur.
- The teeth next to the tooth/teeth removed may ache temporarily - this is not uncommon
- The corners of your mouth may be stretched and may crack - it is important to keep them moist with a suitable lip balm.
- Bruising may occur on the side of the face that the tooth/teeth were removed - this is not unusual and usually resolves in a couple of days.
- You may notice a slight elevation in body temperature in the initial 24-48 hours after having surgery.
- Silk sutures (stiches) may be used to close the wound. If so a subsequent surgery visit 4-5 days later will be required to remove them
- The roots of the upper molar teeth lie in close proximity to the sinuses. Removal of these teeth may result in a communication with the sinus which can significantly delay healing. Sometimes referral to a specialist is required to resolve this situation.
- Specialist referral is available for this procedure.

After your having undergone oral surgery you will be provided with a list of post operative instructions. It is important that you follow these instructions closely to ensure prompt healing. I will call you the following day to see how you are after your surgery.

Finally if you should have any further queries please do not hesitate to ask.

Consent for Treatment

(Dental Extractions)

This is my consent for «provider.name» to provide the dental care as indicated on my treatment plan/quotation.

- I have read the provided background information and/or ADA handout for this course of treatment.
- I have received a written quotation and am clear on the costs involved in this course of treatment.
- I am aware and accept that there are possible complications and side effects associated with this treatment.
- Other treatment options (ie: root canal therapy) have if indicated been discussed with me.
- I am aware that specialist referral is available for this procedure.

<i>Signed by Patient or parent if minor</i>			
<i>Print Full Name</i>			
<i>Signed by Staff member</i>		<i>Date</i>	/ /