



SOUTHERN RIVERS
DENTAL

Southern Rivers Oral Surgery Consent & Instruction Form

There are always risks associated with any type of surgery. Please review the list below that outlines the common risks associated with, removal of erupted teeth, removal of impacted teeth (those that are encased completely in bone or soft tissue), removal of excess bone and soft tissue.

The common risks are (but not limited to):

1. Damage to adjacent teeth, fillings, bone or soft tissue (gums)
2. Post-operative infection
3. Post-operative bleeding that may require additional treatment
4. Possibility of a small fragment of root being left in the jaw when removal of such would require extensive additional surgery
5. Alveolar Osteitis (dry socket) necessitating more post-operative care
6. Possible involvement of the maxillary sinus during removal of upper molars and premolars
7. Possible involvement of the nerve within the lower jaw, resulting in temporary or permanent paresthesia (numbness)
8. Bruising and/or inflammation
9. Resorption of bone over time
10. Other: Current infection that may not resolve without further treatment

Specific risks, defined by your treatment needed, will be addressed by the treating doctor.

I understand the risks of my treatment and give consent for doctor: _____ < click to fill out

To remove teeth #s: _____ < click to fill out

Patient Name _____ < click to fill out

Patient Signature _____

Date _____ < click to fill out