



Canandaigua Oral Surgery, PC

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Consent for tooth extraction

Patient Name: _____

I do hereby give my consent for the extraction (removal) of a tooth or teeth as has been advised by Dr Cary and/or my referring dentist, or per my request. I understand that the removal of a tooth can be a very simple or more complex process depending on a number of factors (the condition of the tooth, its relationship to and the general condition of adjacent teeth, patient age, medical problems the patient may have, anatomic structures adjacent the tooth or teeth, presence of infection, character of the adjacent gum tissues, presence of limitation in mouth opening, emotional factors, and others).

Tooth (teeth) to be removed:

As with any surgical procedure, possible operative and postoperative complications need to be considered and understood. These may include, but are not limited to, the following: bleeding, pain, swelling, bruising, injury to adjacent teeth or dental restorations, infection, dry socket, need to additional office visits for observation or treatment, lost time from work or school as relates to the evaluation and treatment of complications, anesthetic allergy or intolerance, injury to sinus, injury to nerves with possible permanent loss of feeling in the areas supplied by these nerves (lower lip, tongue, chin, teeth, gums), tmj (jaw joint) problems, fracture of the jaw, need for additional surgery to contour jaw ridges so that the patient can have appropriate dental reconstruction, and other less foreseeable problems.

Patient initials: _____

I understand that the removal of a tooth or teeth is permanent and that there are alternatives in some cases to extraction (root canal therapy, gum surgery, partial tooth removal, restoration of the tooth). These alternatives have been explained when appropriate.

Patient Signature: _____
(parent or guardian if patient is minor or unable to provide legal consent)

Doctor Signature: _____

Date: _____