



THOMASVILLE
DENTAL CENTER

Informed Consent for Oral Surgery

I hereby request and authorize Dr. Sanders and his staff to perform the following procedure(s):

Risks: Included (but not limited to) are risks and complications resulting from the use of surgical instruments, drugs, sedatives, medicines, analgesics, anesthetics, and injections. Possible risks and complications include:

- Pain; Bleeding; Infection; Limited Jaw Opening; Swelling; Allergic Reaction; Bruising
- Delayed healing of extraction sites (dry sockets), which may require additional care
- Retention in the jaws of small fragments of tooth or bone, which may require further treatment
- Damage to other teeth, fillings, crowns, veneers, bridges or other dental appliances that may require further care for which the dentist cannot be held responsible
- Openings into the maxillary sinus which may require additional post operative treatment, and, rarely, additional surgery
- Injury to nearby nerves, which may result in tingling, burning, altered taste, or numbness in the chin, teeth, lips, gums, cheeks, palate and tongue. The abnormal sensation may be temporary, lasting for weeks or months, or rarely may be permanent.
- Fractures of the jawbone that may require further treatment
- Disturbances to the Temporomandibular Joint
- Vomiting into the lungs which may cause damage

Changes in Treatment: I understand that unforeseen circumstances may arise during the course of surgery or thereafter that may require additional surgical or medical procedures. I authorize Dr. Sanders and his staff to modify the proposed procedure or to perform any additional procedure(s) as is/are necessary or desirable in the exercise of professional judgment.

Explanation of Surgery: I acknowledge that the following items have been explained to my satisfaction:

- Diagnosis of my condition
- Nature and purpose of the procedure(s)
- Alternative methods of treatment
- The likelihood of success of the procedure(s) and that no guarantee of success is made to me

Medications: Pain medicines can impair you both physically and mentally. Do not drive, operate machinery, or undertake any business matters while taking pain medicine. If taking antibiotics, take all the medicine prescribed, even if you feel better. Antibiotics can interfere with birth control medicines (pills, patches, etc.). Use alternative forms of birth control while taking antibiotics and for one week after antibiotic therapy is finished.

I have read the above and I understand that no treatment is without some measure of risk and the risks of the proposed treatment have been explained to me. I certify that I have been given the opportunity to ask questions and that all questions have been answered to my satisfaction. I further request and authorize Dr. Sanders to do whatever he deems advisable and necessary as a result of unforeseen circumstances. I understand that any tissue removed will be disposed of in accordance with customary practice. I have given a complete and truthful medical history, including all medications, pregnancy, drug use etc.

Signature

Date

Witness