

CONSENT FOR TOOTH REMOVAL (EXTRACTION) Tooth #\_\_\_\_\_ or area \_\_\_\_\_

Dr. Lyon has explained the benefits and risks of tooth removal to me. I understand that surgical extraction may be necessary. (Referral to a specialist (oral surgeon) has been offered).

I understand and except the treatment recommended for me by Dr. Lyon. I further understand that there may be some unwanted complications, some of which are listed below. No guaranties have been made or implied. Dr. Lyon has discussed whether or not the tooth/teeth he has proposed be extracted are impacted to any degree. I understand that an impacted tooth may have begun to erupt in the wrong direction and may be blocked from fully erupting by bone and adjacent teeth. I understand that allowing impacted teeth to remain may result in infection and/or cyst formation, which may destroy bone; damage the roots of adjacent teeth from pressure of the malposed tooth/teeth; and/or create a food trap, which may result in decay. Alternative treatment(s) or the option of no treatment has been explained to me. I understand the risks of not having the extraction(s) performed, whether the tooth/teeth are impacted, partially impacted or not impacted at all, include, but are not limited to: infection; swelling; pain; periodontal disease; malocclusion; and systemic disease. All of my questions have been addressed.

Proposed fees have been explained to me, as have any third party insurance benefits. I understand that third party insurance benefits may be different than discussed by Dr. Lyon, as they are not under the control of this office.

Treatment risks/unwanted consequences may be (but not limited to):

- Reaction to medications/anesthetic
- Permanent or temporary numbness(anesthesia) or discomfort(dysesthesia) of the lip, chin, tongue or other areas
- Post treatment bleeding
- Post treatment infection
- Post treatment tissue swelling
- Root fragments may break; they may be left in the jaw or sinuses
- Sinus involvement when upper teeth are removed, which may require additional treatment and cost
- Jaw or alveolar bone may fracture during tooth removal, which may require additional treatment and cost
- Healing may be delayed and require additional treatment such as for a dry socket
- Sensitivity, pain
- Damage to adjacent teeth or restorations
- Removing tooth could result in a change in occlusion
- 2% Chance of osteonecrosis with history of bisphosphonate or radiation therapy
- Injury to lips, cheek or tongue from patient biting or chewing on oneself

I understand the above and consent to treatment. I will follow the verbal and written recommendations of Dr. Lyon and the Emergency Dental staff, including the information sheets called "Serious Infections" and "Post Operative Instructions". I understand that my recovery depends on my following these instructions.

Patient's Name (Print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness: \_\_\_\_\_