

Informed Consent for Dental Extraction

I understand that there may be alternatives to the extraction of teeth and after the Doctor's explanation of my diagnosis, I have chosen extraction. There are various normal complications that can occur despite all efforts to the contrary as a result of the extraction(s) which include, but are not limited to the following.

1. Allergic reactions to the medications or anesthetic used
2. Pain, Swelling, Infection, Bruising, and Bleeding
3. Stiffness of nearby Muscles
4. Temporary, prolonged and rarely permanent numbness
5. Possibility of Jaw Fracture
6. Root tips may fracture and be left in place or could become displaced into the sinuses and/or spaces nearby.
7. Dry sockets, aspiration and/or swallowing of foreign objects
8. Damage to adjacent teeth and or restorations.

I further understand that this procedure can also be performed by a specialist and I prefer that that this treatment be rendered in this office by a General Dentist.

The Dental care and treatment to be performed has been explained to me and I understand what is to be done and that there is no warranty or guarantee as to any result and/or cure. I may ask the Dentist for a more complete explanation of any procedure at any time.

This is my Consent for the extraction, anesthetic, and any X-Rays to be taken.

I have read and understand the above and have had all my questions answered to my satisfaction and I agree to proceed with the recommended extractions.

Patient Signature

Date

Dentist Signature