

CONSENT FOR EXPOSURE AND/OR BRACKETING OF UNERUPTED TEETH

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Patient's Name _____

Date _____

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.

You have the right to be informed about your diagnosis and planned surgery so that you may make an informed decision whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: _____

Your planned surgery is: _____

Alternative treatment methods include: _____

All surgeries have risks. The most common risks for this procedure include the following:

- _____ 1. Swelling, soreness, bruising, stiffness of jaw muscles, and jaw joints (TMJ), unexpected drug reactions or allergies, breaking of the jaw or parts of the bone supporting teeth, and difficulty eating for a number of days.
- _____ 2. You may get an infection after the procedure that may need more treatment.
- _____ 3. In trying to get to certain teeth buried in the jaw bone or beneath the gum, those areas may feel numb for days, weeks, or months after surgery. In rare cases the numbness may be permanent.
- _____ 4. The roots of the lower teeth might be very close to the nerve. After the surgery, there might be pain or a numb feeling in the chin, lip, cheek, gums, teeth or tongue. It is possible that you might lose your sense of taste. These things might last for weeks or months. It can be permanent, but this rarely happens.
- _____ 5. Injury or damage to tooth roots that are close by. You may later need root canal treatment, or even lose certain teeth.
- _____ 6. Usually only one incision (cut) is needed to get to the buried tooth. Sometimes the position of the tooth below the gum is complicated enough that two or more incisions are needed to get to it.
- _____ 7. When nearing the upper back teeth, there is a chance that the sinus (a hollow place above the roots of the upper back teeth) may be entered. If this happens you may need medications or more treatment. An opening between the mouth and sinus may be formed that would need more care. Rarely, the same thing may affect the nasal cavity.

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- _____ 8. Often a bracket or a wire of fine chain is attached to the unerupted tooth and then to a part of your orthodontic braces to pull on the unerupted tooth. This may cause your tongue, lips or cheeks to become sore and might interfere with eating or speech. You will usually adjust to this situation fairly quickly. Once in a while the applied bracket will come off the unerupted tooth and must be re-attached.
- _____ 9. Although we won't know beforehand, sometimes the unerupted tooth won't move. If so, the tooth may be left in place or, if necessary, it may need to be removed.
- _____ 10. **ANESTHESIA**
The anesthetic I have chosen for my surgery is:
- | | |
|--------------------------|--|
| <input type="checkbox"/> | Local Anesthesia |
| <input type="checkbox"/> | Nitrous Oxide/Oxygen Analgesia with Local Anesthesia |
| <input type="checkbox"/> | Oral Premedication with Local Anesthesia |
| <input type="checkbox"/> | Intravenous Sedation with Local Anesthesia |
| <input type="checkbox"/> | General Anesthesia with Local Anesthesia |
- _____ 11. **ANESTHETIC RISKS** include: pain, bruising, swelling or infection of the vein area where the anesthesia or sedation was given. This could last a long time or make it hard for you to use your arm. This might need special care. There might be numbness that lasts a long time and allergic reactions. You might have nausea and vomiting from the IV Sedation or General Anesthesia, but this doesn't happen often. IV Sedation or General Anesthesia are serious medical procedures. They are safe, but the rare risks of heart irregularities, heart attack, stroke, brain damage or death are present.
- _____ 12. **YOUR OBLIGATIONS FOR IV SEDATIONS OR GENERAL ANESTHESIA IS:**
- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
 - B. During recovery time you should not drive, operate complicated machinery or devices, or make important decisions.
 - C. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**
 - D. **However**, it is important to take any regular medications (high blood pressure, antibiotics, etc.) or any medications directed by us, **with only a small sip of water.**

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- _____ 13. I understand that my doctor can't promise that everything will be perfect. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

CONSENT

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read, and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date