

CONSENT ANESTHESIA AND EXTRACTION OF 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 can decide whether to have a procedure performed or not after knowing the risks and benefits.

Your diagnosis is: _____

Your planned surgery is: _____

Alternative treatment methods include: _____

Taking teeth out is a permanent process. Whether the procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. They include the following and others:

- _____ 1. Swelling, bruising, and pain.
- _____ 2. Stretching of the corners of the mouth that may lead to cracking or bruising.
- _____ 3. Possible infection that might need more attention.
- _____ 4. Dry socket—jaw pain beginning a few days after the surgery, usually needing additional care.
- _____ 5. Possible damage to other teeth close to the ones being taken out, more often those with large fillings or crowns.
- _____ 6. Numbness, pain or changed feelings in the teeth, gums, lips, chin and/or tongue (including possible loss of taste). This is due to the closeness of tooth roots (mainly with wisdom teeth) to the nerves which can be injured or damaged, usually the numbness or pain goes away, but in some cases, it may be permanent.
- _____ 7. Trismus – when you can only open your mouth a little. This is most common after wisdom teeth are taken out. Sometimes it happens because of jaw joint problems (TMJ), mainly when TMJ disease is already present.

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- _____ 8. Bleeding – mild oozing can often last up to 24 hours after surgery, but a lot of bleeding is not common.
- _____ 9. Sharp ridges or bone splinters may form later at the edge of the extraction site where the tooth was removed. These may need another surgery so that they can be smoothed or removed.
- _____ 10. Sometimes tooth roots may be left in to avoid harming important things such as nerves or the sinuses (a hollow place above your upper teeth).
- _____ 11. It is very rare that the jaw will break, but it is possible in cases where the teeth are buried very deep in the bone socket.

Anesthesia:

LOCAL ANESTHESIA: (Novocaine, Lidocaine, etc.) A shot is given to block the pain in the area that is being worked on.

NITROUS OXIDE WITH LOCAL ANESTHESIA: Nitrous Oxide (laughing gas) offers relaxation and helps to lessen the uncomfortable sensations.

ORAL SEDATION WITH LOCAL ANESTHESIA: A pill or liquid is taken prior to surgery for relaxation and area is also numbed with local anesthetic.

INTRAVENOUS SEDATION WITH LOCAL ANESTHESIA: Makes you less aware of the procedure by making you calmer, sleepy and less likely to remember the procedure.

INTRAVENOUS GENERAL ANESTHESIA WITH LOCAL ANESTHESIA: You are complete asleep for the procedure.

Whichever technique you choose, giving any medication involves certain risks. These include:

1. Nausea and vomiting.
2. An allergic or unexpected reaction. If an allergic reaction is severe, it may lead to serious breathing or heart problems which may need treatment.

In addition, there may be:

1. Pain, swelling, or infection in the vein area where the anesthesia or sedation was given.
2. Injury to nerves or blood vessels in the vein area.
3. Confusion, or a long period of sleepiness after surgery.
4. Heart or breathing responses which may lead to heart attack, stroke, or death.

Fortunately, these complications and side effects are not common. All forms of anesthesia are generally very safe, comfortable, and easy to deal with. If you have ANY questions, PLEASE ASK.

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I have read and understood the above and give my consent for:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Local Anesthesia |
| <input type="checkbox"/> | Nitrous Oxide/Oxygen Analgesia with Local Anesthesia |
| <input type="checkbox"/> | Intravenous Sedation with Local Anesthesia |
| <input type="checkbox"/> | General Anesthesia with Local Anesthesia |

CONSENT

If I have IV sedation of General Anesthesia, I confirm that I HAVE NOT HAD ANYTHING TO EAT OR DRINK (INCLUDING WATER) FOR SIX (6) HOURS PRIOR TO SURGERY. I HAVE AN EMPTY STOMACH. TO DO OTHERWISE MAY BE LIFE THREATENING! I agree not to drive myself home and to have a responsible adult stay with me until I am recovered from my medications. I understand that during this time I should not drive, operate machinery or devices, or make important decisions such as signing documents, etc.

I understand that my doctor can't promise that everything will be perfect. 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