



FADC DENTAL GROUP

Consent Form For Extraction

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Consent for extraction of a tooth or teeth whilst in the Dental Chair under regional analgesia (Local Anaesthetic).

The removal of a tooth/teeth is a procedure that carries certain risks. These risks listed below must be read carefully and fully understood then signed before proceeding. The utmost care is taken to avoid any problems and minimize risks that may be involved. The dentist may elect to refer you to a specialist for evaluation.

You the patient and the dentist have the right to seek a specialist's opinion regarding treatment. The dentist will explain any reasons for this.

Risks of Dental Extraction

The tooth may fracture. The remaining roots may or may not be retrievable. The dentist will notify you if any fragment is knowingly left behind. The risks versus benefits of retrieving any remaining tooth structure will be discussed at the time.

If tooth structure is to be retrieved it may necessitate making a cut in the gum, removing some bone and then extracting, afterwards placing some stitches.

Fractures of the jaw may occur, fractures of parts of the jaw e.g. sinus exposure, damage to adjacent teeth and/or restoration.

Nerve Damage

- Permanent loss of Sensation
- Transient loss of Sensation
- Permanent altered Sensation
- Transient altered Sensation

Pressure forces exerted during extraction may lead to immediate or later problems with

- Muscles/Tendons
- The Jaw Joints

Problems may take the form of inflammation, soreness or restrictions in jaw opening for a period of time.

Infection

Any procedure that exposes the skin/gums has the potential to become infected. Infection may already be present. Antibiotics may be prescribed, if there is any doubt.

Dry-Socket

This is Bone Inflammation. Strict adherence to instructions the dentist provides you with will help minimize the potential risks of infection and/or dry-socket.

If you have any questions or queries regarding any of the above please do not hesitate to ask the dentist.

I have read and fully understood the above and give my consent to have the extraction procedure as discussed.

Signed: _____ (Patient)

Date: / /200

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Please write Patient's name underneath signature