

INFORMED CONSENT DISCUSSION FOR EXTRACTIONS

Patient name: _____ Date: _____

Facts for Consideration:

Patient's initials

_____ An extraction involves removing one or more teeth. Depending on their condition, this may require sectioning the teeth or trimming the gum and/or bone tissue. If any unexpected difficulties occur during treatment, Dr. Temlock may refer you to have the tooth removed in a hospital setting or by another provider.

_____ Once the tooth is extracted, you will have a space that you may want to fill with a fixed or removable appliance. Replacement of missing teeth may be necessary to prevent the drifting of adjacent and/or opposing teeth to maintain function or for cosmetic appearances. The options fixed and/or removable appliances have been explained to me.

_____ As in all surgical procedures, extractions may not be perfectly safe. Since each person is unique and responds differently to surgery, the healing process may vary. Therefore, no guarantees can be made regarding this treatment.

Benefits of Extraction, Not Limited to the Following:

_____ The proposed treatment should help to relieve your symptoms and may also enable you to proceed with further proposed treatment.

Risks of Extraction, Not Limited to the Following:

_____ I understand that there may be post-operative bleeding, swelling, pain, infection, facial discoloration, temporary or, on occasion, permanent tooth sensitivity to hot, cold, sweet, or other liquids/foods. A temporary or permanent numbing of the surgical area may occur affecting my teeth, lips, skin, chin and tongue which can possibly affect my sense of taste. I understand that I may see changes in the appearance of my gums. They may be in a different position on the roots or there may be spaces between the teeth that are larger. I also understand that there may be a need for a additional procedures if the initial surgery is not entirely successful.

_____ I understand that I will receive a local anesthetic by injection and/or other medication(s). In rare instances, patients have a reaction to the anesthetic, which may require emergency medical attention or find that it reduces their ability to control swallowing. This increases the chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury occurs resulting in loss of feeling of the teeth, chin, skin, lips, gums, or tongue. Additionally, partial loss of taste can result from an injection.

_____ I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore, and it may make it difficult for me to open wide for several days. This can occasionally be an indication of a further problem. I must notify Dr. Temlock if this or other jaw function concerns arise.

_____ I understand that all medications have the potential for side effects, unintended reactions, and drug interactions. Therefore, it is critical that I tell Dr. Temlock of all medications I am currently taking. If there have been any changes in my medications or medical history, I understand that I must tell Dr. Temlock directly and immediately.

_____ I understand that smoking, using tobacco products, and alcohol intake affect my ability to have normal gum and/or bone healing and may limit the potential for a successful outcome of my extraction. I agree to follow Dr. Temlock's instructions related to daily care of my mouth, teeth and gums.

_____ I understand that the blood clot that forms in the socket may disintegrate, dislodge, or become infected. This painful condition, called dry socket, lasts a week or more and is treated by placing a medicated dressing in the tooth socket to aid healing. To protect against developing dry socket I must not smoke, drink through a straw, aggressively rinse with water or mouthwash, chew food in that area, or disturb the socket in any way for 48 hours.

_____ I understand that the instruments used in extracting a tooth may unavoidably chip or damage adjacent teeth, which could require further treatment to restore their appearance or function. I understand this unavoidable consequence, and I do not hold Dr. Temlock responsible for any future treatment regarding restoring other teeth or restorations damaged during the extraction(s).

_____ I understand that upper teeth have roots that may extend into or in close proximity to the sinuses. Removing these teeth may temporarily leave a small opening into the sinuses. Antibiotics and additional treatment may be needed to prevent a sinus infection and aid in its healing and/or closing.

_____ I understand that an extraction may cause a fracture in the surrounding bone. Occasionally, the tooth to be extracted may be fused to the surrounding bone. In both situations, additional treatment may be necessary. Bone fragments may arise at the site following extraction and are generally easily removed. Tooth fragments may be left in the extraction site following treatment due to the condition and position of the tooth. Generally, this causes no problems, but on rare occasions the fragments become infected and must be removed.

_____ I understand that the nerves that control sensations in my teeth, gums, bone, skin, tongue, lips and chin run through my jaw. Depending on the tooth to be extracted (particularly lower teeth or third molars), occasionally it may be impossible to avoid touching, moving, stretching, bruising, cutting or severing a nerve. This could change the normal sensations in any of these areas, causing itching, tingling, burning, or the loss of all sensation. These changes could last from several weeks to several months or in some cases, indefinitely.

Consequences if No Treatment Is Administered, Not Limited to the Following:

_____ I understand that if no treatment is performed, I may continue to experience symptoms, which could include pain and/or infection, deterioration of the bone surrounding my teeth, changes to my bite, discomfort in my jaw joint, and possibly the premature loss of other teeth. I also understand that not performing the recommended treatment now may limit future treatment options and outcomes.

Alternative Treatments, Not Limited to the Following:

_____ I understand that depending on my diagnosis, alternatives to extraction may exist which involve other disciplines in dentistry. I had the opportunity to ask Dr. Temlock questions about these options, and my questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and relative expenses.

_____ I discussed alternative treatments including, but not limited to, those listed above with Dr. Temlock.

Check only one of the boxes below that applies to you:

- I have been given the opportunity to ask questions, and I give my consent for the extraction of tooth number(s) _____ as described above. I understand that no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve my condition(s).

- I refuse to give my consent for the proposed treatment as described above and understand the potential consequences associated with this refusal.

Patient's or Patient's Representative's Signature

Date

I attest that I have discussed the risks, benefits, consequences, treatment options, and alternatives to periodontal surgical treatment with my patient. My patient had the opportunity to discuss these topics and ask questions, and I believe my patient understands what has been explained.

Dr. Temlock's Signature

Date

Witness' Signature

Date