

## CONSENT FORM FOR WISDOM TEETH REMOVAL, SURGICAL EXTRACTIONS & DENTO-ALVEOLAR SURGERY

Patient Name: \_\_\_\_\_

I have been advised to have the following procedure(s) performed:

\_\_\_\_\_

I understand why this treatment has been recommended. I understand the nature of the surgical procedure and have had opportunity to discuss it with Dr Habibi.

I have been given options for anaesthesia and have chosen:

Local anaesthetic only     Nitrous Oxide Sedation     Intravenous Sedation

I understand that Dr Misagh Habibi is a Dental Surgeon whose practice routinely carries out oral surgery such as wisdom teeth removal, dento-alveolar and dental implant surgery from colleagues' referrals and is not a specialist Oral & Maxillofacial Surgeon.

I understand that wisdom teeth removal and surgery to the jaw bone, soft tissue and gums, like any surgical procedure, are not without risk. Depending on the procedure, these risks may include:

- Swelling and stiffness of the jaw – usually lasting about a week.
- Bleeding – usually easily controlled and rarely requiring medical attention.
- Pain and discomfort – usually well controlled by prescribed pain killers.
- Infection – uncommon, particularly if good oral hygiene is maintained after surgery.
- Dry socket – leading to a persistently painful tooth socket which can be slow to heal, and which would require further management (most common with smokers).
- Damage to adjacent teeth and fractures of the mandible – these are very rare complications and you will be advised if this risk applies to you.
- Numbness, tingling and altered sensation of the lip, chin, tongue, gums and back teeth – this risk applies where there is to the proximity of the nerves which supply these areas, to lower wisdom teeth or to the surgical site. If this takes place, it can last for months and very rarely be permanent.
- Sinus perforation, communication or root displacement – can take place where an upper back tooth root which protrudes into the maxillary sinus is removed. If not rectified during the surgery, a second surgical procedure may be required to manage such problems.
- Allergy or other adverse reaction to drugs which are administered – such as anaesthetics and sedatives.

The risks and benefits of the procedure have been discussed with me to my satisfaction, including the risks and benefits of no treatment. I have decided to proceed with the proposed treatment and take responsibility for following all post operative instructions related to my procedure (and sedation if applicable).

### CONSENT

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT: CONSENT FORM FOR WISDOM TEETH REMOVAL, SURGICAL EXTRACTIONS & DENTO-ALVEOLAR SURGERY (1 page).

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient or Legal Guardian Signature \_\_\_\_\_

Witness (name and signature) \_\_\_\_\_