

CONSENT FORM FOR ORAL SURGERY/WISDOM TEETH REMOVAL

Patient Name: _____ Practice location: _____

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 the operator.

I have been given options for anaesthesia and have chosen:

Local anaesthetic only Nitrous Oxide Sedation Intravenous Sedation

I understand that I can choose to be referred out for a general anaesthetic at a hospital, or for overall management by an Oral & Maxillofacial Surgeon. I understand that Dr Misagh Habibi is not a specialist Oral & Maxillofacial surgeon, but a general Dental Surgeon who is routinely practiced at oral surgery such as wisdom teeth removal from colleagues' referrals.

I understand that wisdom teeth removal and oral surgery, like any surgical procedure, are not without risk. These risks 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 is due to the proximity of two nerves which supply these areas, to lower wisdom teeth. 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. 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 for the procedure have been discussed with me to my satisfaction, including the risks and benefits of no treatment.

Patient Name

Signature of patient/Guardian

Date