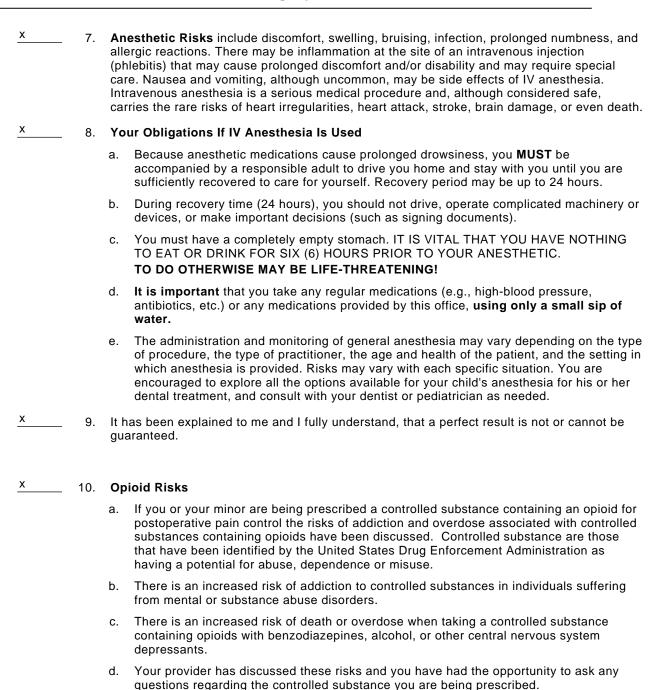
Consent for Oral and Maxillofacial Surgery

Patient	SIN	ame			
		DATE			
		D AND INITIAL EACH PARAGRAPH BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE DCTOR BEFORE INITIALING OR SIGNING THIS FORM.			
recomme	nded e is n	ight to be informed about your condition and the risks and hazards involved with the treatment plan to make an educated decision as to whether to undergo the procedure. This of meant to alarm you but is instead an effort to provide information so that you may give or consent.			
x	1.	My condition has been explained to me as OInsufficient arch space Ocavities Odifficult to			
		maintain hygiene O#1 (upper right) O#16 (upper left) O#17 (lower left) O#32 (lower right)			
x	2.	 The procedure(s) necessary to treat the condition(s) has/have been explained to me and understand the nature of the treatment to be 			
		Extraction of O#1 O#16 O#17 O#32			
x	3.	I have been informed of possible alternative methods of treatment (if any), including No treatment			
		I understand that these other forms of treatment, or no treatment at all, are choices that I have, and the risks of those choices have been presented to me.			
<u>x</u>	4.	My doctor has explained to me that there are certain inherent and potential risks and side effects associated with my proposed treatment, which include, but are not limited to,			
		a. Postoperative discomfort and swelling that may require several days of at-home recovery.			
		b. Prolonged or heavy bleeding that may require additional treatment.			
		c. Injury or damage to adjacent teeth or fillings.			
		d. Postoperative infection that may require additional treatment.			
		e. Stretching of the corners of the mouth may cause cracking or bruising, and may heal slowly.			
		f. Restricted mouth opening during healing; sometimes related to swelling and muscle soreness, and sometimes related to stress on the jaw joints, temporomandibular joint (TMJ), especially when TMJ problems already exist.			
		g. A decision to leave a small piece of root in the jaw when its removal would require extensive surgery or risk other complications.			
		h. Fracture of the jaw (usually only in more complicated extractions or surgery).			
		 Injury to the nerve underlying lower teeth, resulting in pain, numbness, tingling or other sensory disturbances in the chin, lip, cheek, gums or tongue that may persist for several weeks, months or, in rare instances, permanently. 			
		 Opening of the sinus (a normal chamber situated above the upper teeth), requiring additional surgery or treatment. 			
		k. Dry socket (loss of blood clot from extraction site).			
		I. Allergic reactions (previously unknown) to any medications used in treatment.			
X	5.	It has been explained that during treatment, unforeseen conditions may be revealed that may require changes in the procedure noted in paragraph 2 above. I authorize my doctor and staft to use professional judgment to perform such additional procedures that are necessary and desirable to complete my surgery.			
x	6.	Anesthesia			
		The anesthesia I have chosen for my surgery is			
		Local Anesthesia			
		Local Anesthesia with Nitrous Oxide/Oxygen Analgesia			
		Local Anesthesia with Oral Premedication			
		X Local Anesthesia with Intravenous Sedation			
		General Anesthesia			

Consent for Oral and Maxillofacial Surgery (continued)



INFORMATION FOR FEMALE PATIENTS

I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the effectiveness of birth control pills, causing pregnancy. I agree to consult with my physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my physician that I can return to the use of oral contraception.

Consent for Oral and Maxillofacial Surgery (continued)

CONSENT

I certify that I have read and fully und	lerstand this consent for	r surgery, have had my	questions answered	, and
that all blanks were filled in prior to n	ny initials or signature.			

Χ		
	PATIENT'S/LEGAL GUARDIAN'S SIGNATURE	DATE
X		
	DOCTOR'S SIGNATURE	DATE
X		
	WITNESS' SIGNATURE	DATE