

Tooth Extraction Consent Form

I _____, willingly give my consent to have my tooth (teeth)
_____ extracted today at Guardian Dental Care under local anesthesia. Any possible alternative methods of treatment (if any exist such as root canal therapy, periodontics/gum surgery, crown or filling) were explained to me today and I will not hold Guardian Dental Care responsible for my willingness to have the above tooth (teeth) extracted.

I fully understand that extraction of a tooth is an irreversible process and other teeth within the dentition may shift and/or change the bite. I also understand that replacement of missing teeth by prosthetic procedures are recommended and are available upon request at variable costs.

I have been informed that there are certain possible risks involved in any dental treatments such as:

1. Postoperative swelling, soreness, and discomfort around the treatment site may last for more than two weeks.
2. Stretching and pulling of cheek(s) muscles and lips may cause soreness or bruising on these tissues.
3. Bleeding on surgical site is expected, sometimes lasting more than 24 hours. Meticulous adherence to postoperative instructions such as biting gauze with pressure will help control bleeding and minimize discomfort.
4. Following extraction of a tooth, restorations on neighbouring teeth such as a filling or crown may become cracked or otherwise damaged. Furthermore, neighbouring teeth may also become chipped, shift or loosen after extraction.
5. Due to prolonged opening of the mouth under some operations, discomfort, soreness or pain of the temporomandibular joint (TMJ) may occur.
6. Injury to the nerve within the jaw, lying under the lower dentition may cause tingling, numbness and loss of sensation in the chin, lips, cheek, gums, teeth and tongue. Sensation most often returns to normal, but in rare case, the loss may be permanent.
7. Trismus – limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
8. During the removal of upper teeth, opening into the sinus or other sinus problems may occur which may necessitate soft tissue closure.
9. Small sharp bone fragments may work up through the gums during healing. These are not roots. If annoying, return to this office for their simple removal. These may require another surgery to smooth or remove them.
10. Incomplete removal of tooth fragments – to avoid injury to vital structures such as nerves or sinuses, sometimes small root tips may be left in place. Sinus involvement: the roots of the upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus or an opening may occur in the mouth which may require additional care.
11. Jaw fracture – while quite rare, is possible with difficult or deeply impacted teeth.
12. With any dental treatment there is a possibility of postoperative infection. Use of antibiotics and/or additional surgery may be required.
13. The doctors do not want to see anyone in unnecessary pain. If one does not get numbed sufficiently to undergo dental surgery comfortably, the doctor reserves the right to stop the surgery and refer the patient to an oral surgeon.

I have read and understand the above, and had my questions answered. I recognize that there can be no warranty as to the outcome of treatment and I give my consent to this procedure.

Signature: _____ Date: _____

Witness: _____ Date: _____