

## Extraction Consent Form

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

Tooth Number(s) \_\_\_\_\_ Date \_\_\_\_\_

While we believe that patients have a right to be informed about any treatment they receive, the law requires extensive disclosure of the risks of surgery and local anesthesia, many of which are unlikely to occur. Please feel free to ask the doctor about the risks or complications disclosed herein that may apply to you based on your clinical experience and that of other dental professionals. I understand oral surgery and/or dental extractions include inherent risks such as, but not limited to the following:

1. **Injury to the nerves:** This includes injuries causing numbness of the lips, tongue, tissues of the mouth, and/or facial muscles. This numbness may be temporary, lasting a few days, weeks or months. In a more rare circumstance, numbness could be permanent.
2. **Bleeding, bruising, swelling:** Bleeding may last several hours. Some swelling is normal, but if it extends into the eye or neck, you should notify our office. Bruises may persist for some time following the procedure.
3. **Dry socket:** This occurs on occasion when teeth are extracted and is a result of the blood clot not forming properly during the healing process. Prevention is key and will be discussed after the procedure. Dry socket can be very painful if not treated.
4. **Sinus involvement:** In some cases, the roots of the upper teeth lie in close proximity to the sinuses. Occasionally, during extraction and surgical procedures, the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed. Root tips may need to be retrieved through the sinus or may be left in place, depending on the procedure. Medications prescribed should be strictly taken.
5. **Infection:** It is possible for infections to occur postoperatively. At times, these may be serious. Should severe swelling occur, particularly accompanied by fever or malaise, attention should be received as soon as possible.

6. **Fractured jaw, roots, bone, fragments or instruments:** Although extreme care will be used, the jaw, teeth roots, bone fragments or instruments used in the procedure may fracture or be fracture, requiring retrieval and possible referral to a specialist.
7. **Injury to adjacent teeth or fillings:** This could occur during the procedure. If it does, you will be informed.
8. **Bacterial endocarditis:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels. In this case, bacterial endocarditis, or an infection of the heart, could occur. You are responsible for informing your dentist of any heart problems known or suspected.
9. **Unusual reactions to medications given or prescribed:** Reactions, either mild or severe, may occur from anesthetic or other medications administered or prescribed. All prescription drugs should be taken according to the instructions given.
10. **It is my responsibility to seek attention should any undue circumstances occur and I shall diligently follow any post-operative instructions given to me.**

**Informed consent:** I have been given the opportunity to ask questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and I have received answered to my satisfaction. No guarantees have been given to me concerning my recovery. The fee(s) have been explained to me. By signing this form, I am freely giving my consent to allow and authorize the dentist to perform this procedure.

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Patient or Representative Signature

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Date

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Doctors Signature

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Date