Minor Oral Surgery Consent Form

Patient Name: ..... **Date of Birth**: .....

I hereby consent to undergo **Local Anaesthetic** for the following Extraction/s:

Upper Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	*Upper Left*
Lower Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	*Lower Left*

Risks – Bleeding, Bruising, Swelling, Pain, Infection, Stitches, damage to adjacent teeth and/or restorations, limited mouth opening, dry socket, bad breath/taste and need for further surgery (occasionally in hospital under General Anaesthetic), Some portion of tooth may be left behind, If there are adjacent teeth on occasion they can be damaged including dislodgement of a filling or crown for example.

Significant risks (ticked only if they apply in your case):

☐ *Permanent/'forever'*: altered/reduced/changed/unpleasant/complete loss of feeling/sensation affecting the lip, chin, teeth, gums and tongue on the side of the surgery and/or disturbed taste sensation, speech and chewing may be adversely affected 'forever'. (20% temporary and 1-4% permanent)

☐ Oral-antral communication/fistula formation or root displacement into the air sinus requiring additional surgery to repair (occasionally in hospital under General Anaesthetic)

The nature of the treatment, its purpose, risks and alternatives have been explained to me. I also understand the type of sedation and pain control procedures to be used. I also agree to treatment for any complications that may arise. I have been given the chance to ask any questions.
You have been referred by your regular dentist for a surgical procedure and if any further treatment is required you would need to be re-referred.

Patient Name (print): .....

Patient Signature: ..... **Date**: .....

I confirm that I have obtained a full medical history and explained to the patient in terms he/she understands the nature, purpose, risks and alternatives to this treatment and the anaesthetic techniques to be used as well as usual pain control.

Speciality Dentist Name (print): .....

Speciality Dentist Signature: ..... **Date**: .....