

Authorisation & Informed Consent For Tooth Extraction

By signing this consent form, I hereby authorise Dr Maria Vasilache and whomever they may designate as their assistant(s) to perform a tooth extraction upon myself (or any person identified above as the patient, for whom I am empowered to consent) on the tooth.

I understand that the extraction of teeth is an irreversible process; whether routine or difficult, it is still a surgical procedure.

There are some possible risks/complications which include, but are not limited to the following:

- Infection of the extraction socket (dry socket). This may cause some pain and discomfort, but it is usually easily managed by the oral surgeon/dentist.
- Biting of the numb lip/cheek, which may cause damage after the teeth have been removed. Children should be watched closely by a parent/guardian until the numbness wears off.
- In the case of lower teeth, damage to the dental nerves on each side of the mandible (lower jaw). This nerve passes very close to the root of the lower teeth (others in contact with it) and gives sensation to the lower teeth, lower lip, and chin on that side. When this nerve is very close to the area of surgery, there is a slight risk of some damage to the nerve. This may cause numbness of the lower teeth, lower lip, and chin. This may be temporary (6-12 months) or permanent.
- The tooth root tip may break off into small pieces when the tooth is taken out. The oral surgeon/dentist may not remove those pieces if there is a chance that the nerves or other structures may be damaged.
- Possible damage to adjacent teeth, especially those with large fillings or caps.
- Weakness of the jaw due to the removal of the teeth. The jaw may break during the procedure or the healing period.
- If the upper teeth are close to the sinuses, removal may cause a hole between the mouth and the sinus. This may need further surgery.
- Trismus: limited jaw opening due to inflammation or swelling, most common after wisdom teeth removal. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
- Bleeding: significant bleeding is not common, but persistent oozing can be expected for several hours after the procedure.

Options for treatment:

The dentist has explained all options for current and future treatment required, including crowns, bridges, dentures, implants, and the likely outcome if complications occur. The dentist has also explained the risk of not proceeding with the treatment and has given me the option for referral to a specialist Oral Surgeon.

The dentist has made all relevant information available to me to help me reach my decision and given me an opportunity to ask questions about any matters related to my treatment. I have raised any other concerns and have been given the opportunity to postpone the treatment or seek a second opinion should I wish to.

Patient Consent:

I understand the risk of the procedure, including the risks that are specific to me, and the likely outcome.

My questions and concerns have been discussed and answered with complete satisfaction.

On the basis of the above statements, I understand and acknowledge all information provided and give my consent to proceed with the recommended extraction.

Date consent form given to patient

Date consent form returned to dentist

Patient Name

Patient Signature