East York Dental Centre

INFORMED CONSENT FOR EXTRACTION

I understand that there may be alternatives to the extraction of teeth and after the doctor's explanation, I have chosen extraction. There are various normal complications that can occur despite all efforts to the contrary as a result of the extraction(s) which include but are not limited to:

- Post-operative infection or inflammation
- Swelling, bruising, and pain
- Damage to adjacent teeth or fillings
- Drug reactions and side effects
- Bleeding requiring more treatment
- Possibility of a small fragment of root or bone being left in the jaw intentionally when its removal is not appropriate (such fragments may work their way partially out of the tissue and need to be removed later)
- Delayed healing (dry socket) necessitating several post-operative visits
- Damage to sinuses requiring additional treatment or surgical repair at a later date
- Fracture or dislocation of the jaw
- Damage to the nerves during tooth removal resulting in temporary, or possibly partial or permanent numbness or tingling of the lip, chin, tongue, or other areas

I further understand that this procedure can also be performed by an oral surgeon and prefer that this treatment be rendered in this office by Prosthodontic Associates.

The dental care and treatment to be performed has been explained to me and I understand what is to be done and that there is no warranty or guarantee as to any result and/or cure. I may ask the attending dentist for a more complete explanation.

This is my consent for the extraction, anesthetics, and x-rays to be taken.

I have read and understand the above and have had all my questions answered to my satisfaction and I agree to proceed with the recommended extraction(s).

_____
Teeth to be extracted

_____
Date

_____
Signature of patient, legal guardian
or other authorized representative

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