



Frederick W. Broadhead, D.M.D.
Daisy Broadhead, D.M.D.

www.frontroyaldentalcare.com

80 W. 4th Street
Front Royal, VA 22630
(540) 635-4567

FRONT ROYAL DENTAL CARE

CONSENT FORM FOR EXTRACTION OF TEETH

Extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. As in any surgery, there are some risks. They include, but are not limited to the following:

1. Swelling and/or bruising and discomfort in the surgery area.
2. Stretching of the corners of the mouth resulting in cracking or bruising.
3. Possible infection requiring additional treatment.
4. Dry socket — jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from lower extraction, especially wisdom teeth removal.
5. Possible damage to adjacent teeth, especially those with large fillings or caps.
6. Numbness or altered sensation in the teeth, gums, lip, tongue and chin, due to the closeness of the tooth roots to the nerves (especially wisdom teeth) which can be bruised or damaged. Almost always, sensation returns to normal, but in rare cases, the loss may be permanent.
7. Trismus — limited joint opening due to the inflammation or swelling, most common after wisdom tooth removal. Sometimes it is a result of jaw joint discomfort (TMJ), especially when TMJ disorders already exist.
8. Bleeding — significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another surgery to smooth or remove.
10. Incomplete removal of tooth fragments — to avoid injury to vital structures such as nerves or sinus, sometimes small root tips may be left in place.
11. Sinus involvement — the roots of 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 into the mouth which may require additional care.
12. Jaw fracture — although quite rare, it is possible in difficult or deeply impacted teeth.
13. Allergic reactions to anesthesia or medication — although careful precautions are taken to obtain patient's history of all allergies, certain dietary and medical factors may cause allergic reactions to anesthesia or medication used during tooth extraction.
14. Although rare, resulting malocclusion (incorrect bite) may require additional care.

I understand that individual reaction to treatment cannot be predicted, and that if I experience any unanticipated reactions during or following treatment, I agree to report them to the doctor or his designated agent as soon as possible.

I realize that no guarantees or assurances have been given by anyone regarding my treatment, I am to ask the doctor prior to signing this consent.

I hereby acknowledge that I have read the foregoing, have discussed any questions or concerns I may have regarding my proposed treatment, and that I have received a copy of this form.

Teeth to be removed: _____

Patient's Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

Witness: _____ Date: _____