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Treatment Consent Form – Extraction

I have recommended that tooth # _____ be extracted for _____ based upon your symptoms, my examination of your mouth, the treatment plan I have discussed with you and your choice. I want you to be informed of the commonly known risks and side effects of this procedure.

They are:

You may experience pain, swelling or bleeding for a time after the extraction. I will give you instructions on how to manage these problems, which, if they occur, should only last a few days. Of course, should any of these problems be more severe or last longer than you anticipated, call our office immediately.

You may experience an infection following the extraction. I will advise you what to look for as signs of infection. If any of these signs occur, you should call or see me immediately.

Teeth adjacent to the tooth to be extracted may be chipped, damaged or lost during the extraction. The root of the tooth being extracted can sometimes fracture which may necessitate removal by an oral surgeon. Sometimes it is necessary to remove some of the bone around the tooth to be extracted. Sometimes surrounding bone may also be fractured during the procedure.

Nerves, which supply sensation to your mouth, chin, lips, tongue and gum tissue may run near the area of the extraction. After the extraction, you may experience some alteration of normal nerve sensation (itching, burning or tingling for example) for a short to indefinite period of time. In some rare instances you may experience a total lack of sensation for a period of time, which could be indefinite.

You may experience a painful condition known as dry socket. This occurs when the protective blood clot in the socket where the tooth was removed is dislodged, exposing and irritating the nerve endings. Although the condition is temporary and not harmful, it is painful. It can be readily treated and you should seek treatment from me. I will place medicine in the socket that will soothe and protect it while alleviating the pain.

For teeth in the upper arch, there is a risk that following the extraction; a hole or pathway may be present between the sinus and the oral cavity. This is because some of the roots of the upper teeth end just below the floor of the sinus and the oral cavity. If this occurs during your procedure, additional treatment may be needed to repair the hole. I may place you on antibiotics and antihistamines to reduce the risk of sinus infection.

Following the procedure, the muscles of your jaw may be stiff and sore and it may be difficult to open for several days. This is a temporary condition and moist heat and anti-inflammatory medication will usually provide relief.

I invite your questions concerning the risks discussed and contained in this document. By signing below, you acknowledge that you have read this document, understand the information presented, understand treatment alternatives and have had all your questions answered satisfactorily.

Patent Signature _____ Date _____

Doctor Signature _____ Witness _____

Post Operative Instructions: *Keep gauze in until bleeding stops (45 min); No smoking or drinking through a straw; Warm salt-water rinses starting _____, twice a day. Pain medication as needed.*