

I understand that my dentist has recommended the extraction(s) of a tooth/teeth as listed below:

I have had alternative treatments (if any) explained to me, as well as the consequences of doing nothing about my dental conditions. I understand that non-treatment risks include but are not limited to:

- Infection, swelling , and/or pain
- Periodontal disease
- Malocclusion (damage to the way the teeth fit together)
- Systemic disease/infection

I understand that there are risks associated with any dental, surgical, and anesthesia procedure. I understand that treatment risks include but are not limited to:

- Post-operative infection or inflammation
- Swelling, bruising and pain
- Damage to adjacent teeth, fillings, or dental prosthetics (crowns, bridges, implants, dentures)
- Drug reactions and side effects
- Bleeding potentially requiring further treatment.
- A small fragment of tooth, root, or bone in jaw could be intentionally left behind where its' removal is not appropriate. Such fragments may work their way out partially and require future removal, or be expelled completely
- Delayed healing (dry socket) which may necessitate multiple post-operative visits
- Damage to sinuses, which may necessitate additional treatment or future surgical repair.
- Fracture or dislocation of the jaw
- Damage to the nerves during extraction, which can result in partial or complete numbness or tingling (change in sensation) of lips, chin, tongue and other neighbouring areas. This can be transitional (temporary), but can be permanent in some cases.
- Damage to Temporomandibular joint (TMJ)

Date: _____

Patient Name (printed): _____

Signature of Patient, or Legal Guardian: _____