

ORAL SURGERY PROCEDURE CONSENT

This form and your discussion with your doctor are intended to help you make informed decisions about your surgery. As a member of the treatment team, you have been informed of your diagnosis, the planned procedure, the risks, benefits, and alternatives associated with the procedure, and any associated costs. You should consider all of the above, including the option of declining treatment, before deciding whether to proceed with the planned procedure. Your doctor will be happy to answer any questions you may have and provide additional information before you decide whether to sign this document and proceed with the procedure.

Diagnosis: *To be determined*

Procedure: *To be determined*

Alternative options: No Treatment, *To be determined*

1. I understand that this procedure requires a cut(s) in my mouth or on the skin that may need stitches, and sometimes the removal of bone tissue. I have been informed of and understand the potential risks related to this surgical procedure include but are not limited to:
 - Pain, swelling, bleeding, infection, bruising, delayed healing, scarring.
 - Bleeding that is heavy or may last a long time that may need additional treatment.
 - Post-operative pain and swelling that may require several days of at-home recuperation.
 - Damage to other teeth and/or roots that may result in the need for tooth repair or loss, loose tooth/teeth.
 - Sharp ridges or bone splinters may form where the surgery was done, possibly requiring additional surgery.
 - If bone tissue is removed, healing may take longer and some complications may be more likely (for example, bleeding).
 - Damage to dental appliances.
 - Cracking and/or stretching of the corners of the mouth that may cause bruising and which may heal slowly.
 - Cuts inside the mouth or on the lips.
 - Allergic and/or adverse reaction to medications, anesthetics, sutures and/or other materials.
 - An infection after the procedure that may need more treatment.
 - A difficulty in opening the mouth for several days. This is sometimes due to swelling and muscle soreness and sometimes to stress on the jaw joints (TMJ).
 - Jaw fracture, stress or damage to the jaw joints (TMJ), difficulty in opening the mouth or chewing.
 - Injury to nearby blood vessels, salivary glands or ducts.

- Opening into the sinus (a normal hollow place above the upper back teeth) needing more treatment.
 - Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time, but in some cases may be permanent.
 - Long term success may not occur. The success of procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking.
 - Additionally, with treatment of infections there may be Loss of function and/or weakness of facial expression muscles possibly affecting my appearance. Such conditions may resolve over time, but in some cases may be permanent. Changes in speech, chewing, and swallowing may occur. Such conditions may resolve over time, but in some cases may be permanent. Abnormal, enlarged, or cosmetically displeasing scars may occur within the skin and deeper tissue, sometimes requiring additional surgery. Some scarring may be permanent and always be visible. There is possibility of continued or worsening infection which may require additional treatment.
 - Additionally, with removal of salivary stones the stone may not be able to be removed or totally removed, the salivary stone may return, and/or the presence of a stone(s) may cause damage to the affected salivary gland, which may require removal of the gland.
2. I have elected to proceed with local anesthesia but may elect nitrous oxide (laughing gas) or IV anesthesia in addition to local anesthesia. I have been informed of and understand the potential risks associated with anesthesia include but are not limited to:
- Allergic or adverse reactions to medications or materials;
 - Pain, swelling, redness, irritation, numbness and/or bruising in the area where the IV needle is placed. Usually the numbness or pain goes away, but in some cases, it may be permanent;
 - Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness. Some patients may have an awareness of some or all events of the surgical procedure after it is over;
 - Heart and breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest) or death;
3. I have been informed of and understand that follow up visits or care, additional evaluation, treatment or surgery, and/or hospitalization may be needed.

4. Patient's Responsibilities

- I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).
- I understand the use of tobacco and alcohol is detrimental to the success of my treatment.
- I agree to follow all instructions provided to me by this office before and after the procedure, take medication(s) as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any post-operative problems as they arise. My failure to comply could result in complications or less than optimal results.
- I understand and accept that the doctor cannot guarantee the results of the procedure. I had sufficient time to read this document, understand the above statements, and have had a chance to have all my questions answered. By signing this document, I acknowledge and accept the possible risks and complications of the procedure and agree to proceed.
- I further authorize the doctor to modify the procedure if, in his/her professional judgment, it is in my best interest.