Before you give your permission for the removal of teeth, removal of impacted teeth (those that are “buried” or beneath the gums), or other dental treatment, or for the administration of certain anesthetics, you should understand that there are certain associated risks.

The common risks include (but not limited to):

1. Drug reactions and side effects
2. Damage to adjacent teeth or fillings
3. Post-operative infection
4. Post-operative bleeding that may require treatment
5. Possibility of a small fragment of root being left in the jaw when its removal would require extensive surgery
6. Delayed healing (dry socket) necessitating frequent post-operative care
7. Possible involvement of the sinus during removal of upper molars which may require additional treatment or surgical repair at a later date.
8. Possible involvement of the nerve during the removal of lower molars resulting in temporary or possible permanent tingling or numbness of the lower lip, chin or tongue on the operated side.
9. Bruising and/or vein inflammation at the site of administration of intravenous medications which may require further treatment
10. Other: _____

I was given the option of different anesthetic techniques, and I consent for the following anesthetics to be used:

_____Local anesthesia
_____Local anesthesia with oral pre-medication
_____Local anesthesia with intravenous sedation
_____General anesthesia/hospital operating room

I hereby acknowledge I have completely read the foregoing; have discussed any questions or concerns which I may have regarding my proposed surgery/dental treatment, and have been given satisfactory answers. I am aware the practice of dentistry is an inexact science, and no guarantees can be provided and none have been made to me.

_____ (please print)
Last First Initial

_____ _____
Date Signature of Patient/Patient’s guardian or authorized representative

_____ _____
Date Witness signature