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INFORMED CONSENT FOR ORAL SURGERY (TOOTH EXTRACTIONS)

Patient's Name _____

Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned treatment so that you are able to and comfortable with making the decision to undergo the recommended procedure.

Diagnosis: _____

Planned treatment: _____

Alternative treatment methods include: _____

All surgeries have some risks. They include the following and others:

- ___ 1. Swelling, bruising and pain.
- ___ 2. Stretching of the corners of the mouth that may lead to cracking or bruising.
- ___ 3. Possible infection that may need additional treatment.
- ___ 4. Dry socket. Jaw pain that begins a few days after surgery, that may require additional care.
- ___ 5. Possible damage to other teeth adjacent to the one(s) being extracted, more often those with large fillings or caps.
- ___ 6. Numbness, pain, or altered sensation in the teeth, gums, lip, chin and/or tongue (including possible loss of taste). This is due to the close association of tooth roots (mainly with wisdom teeth) to the nerves which can be injured or damaged. Usually the numbness or pain dissipates over time, but in some cases it may require additional treatment or may be permanent.
- ___ 7. Trismus (limited opening). This is most common after wisdom teeth are taken out. Sometimes it happens because of pre-existing TMJ (jaw joint) problems, though damage can occur to the ligaments of the joint from having prolonged opening of the mouth. This is more common if symptoms or signs of TMJ problems are present before initiating treatment. Separate, additional treatment may be indicated if limited opening persists beyond an expected time period.
- ___ 8. Bleeding or oozing of the extraction site(s) can often happen for several hours, though severe bleeding is not common.

- ____ 9. Sharp ridges or bone splinters may form around the edge or within the extraction site(s). Though a common aspect of the healing process of the bone, an additional procedure/surgery may be indicated to remove or smooth the area.
- ____ 10. A small piece of the tooth root(s) may be left in the extraction site(s) in order to avoid harming important structures such as nerves or the maxillary sinus (a hollow place above your upper back teeth).
- ____ 11. The roots of the upper back teeth are often in close approximation to the maxillary sinus, there is a risk of communication with (an opening into) the sinus. Alternatively a piece of the tooth root may enter the sinus. Additional treatment may be indicated should this occur.
- ____ 12. It is very rare that a fracture would occur in the jaw, but it is possible in certain cases where the teeth are buried deep within their sockets.
- ____ 13. When socket grafting is indicated donated, processed, or artificial bone substitutes are placed within the extraction site(s) to preserve the bulk of the ridge. On occasion, pieces of the grafting material might not join together with the natural bone and could be lost. Additional grafting or surgical procedures may be necessary to compensate for this occurrence.

INFORMATION FOR FEMALE PATIENTS

- ____ 14. I have told my doctor that I use oral contraceptives (birth control pills). My doctor has told me that some antibiotics and other medications may reduce the preventive effect of oral contraceptives, and I could conceive and become pregnant. I acknowledge that additional forms of birth control are recommended while on some antibiotics or other medications. My doctor will discuss her/his recommendations with me regarding this subject.

CONSENT

I understand that my doctor cannot promise perfect outcomes. I understand that there are risks and benefits to the recommended treatment and alternatives, including no treatment, exist. I have read and understand the above information and give my consent to surgery. I have given a complete and truthful medical history, including all conditions, prescribed, OTC and herbal/holistic medications, alternative drug use, pregnancy, etc. I certify that I have discussed all questions I have regarding the procedure with my doctor.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date