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Informed Consent for Extraction of Teeth

Extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. As with any surgical procedure, there are risks. The risks include, but are not limited to the following:

1. Swelling and/or bruising and discomfort in the surgery area.
2. Cracking or bruising in the corners of the mouth resulting from stretching.
3. Possible infection requiring additional treatment.
4. Dry-socket- jaw pain beginning a few days after surgery, usually requiring additional care. Dry sockets are more common from lower extractions, especially wisdom teeth.
5. Possible damage to adjacent teeth, especially those with large fillings or caps.
6. Numbness or altered sensations in the teeth and gums, lip, tongue, and chin, due to the closeness of the tooth roots (especially wisdom teeth) to the nerves which can be bruised or damaged. Sensation almost always returns to normal, but in rare cases, the loss may be permanent.
7. Trismus-limited jaw opening due to inflammation or swelling, most common after wisdom teeth removal. Sometimes, it is a result of jaw joint disorder TMJ, especially when TMJ already exists. TMJ can be aggravated by oral surgery. Symptoms of joint discomfort and decreased mobility may persist indefinitely following oral surgery.
8. Bleeding-significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another surgery to remove or smooth.
10. Incomplete removal of tooth fragments: to avoid injury to vital structures, such as nerves or sinus, sometimes small root tips may be left in place.
11. Sinus Involvement- the roots of the upper back teeth are often close to the sine and sometimes a piece of root can be displaced into the sinus or an opening into the mouth may occur, and may require additional care.
12. Jaw fracture- while quite rare, is possible in difficult or deeply impacted teeth.

Most procedures are very routine and serious complications are not expected. Those that do occur are most often minor and can be treated.

Teeth to be removed: _____

Alternative Treatment: _____

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, ect.

Patient's Signature (or legal guardian) _____ Date_____