



**CONSENT FORM FOR SURGICAL TOOTH EXTRACTIONS  
AND RELATED SURGERY**

1. My dentist has recommended the following procedures:

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2. I have been informed of the risks and complications of the recommended oral surgical procedures, anesthesia, and the proposed drugs including, but not limited to, pain, infection, swelling, heavy or prolonged bleeding, discoloration, numbness and tingling of the lip, tongue, chin, gums, cheeks and teeth; pain, numbness and phlebitis (inflammation of a vein) from an intravenous and/or intermuscular injection; injury to and stiffening of the neck and facial muscles; malfunction of the adjacent facial muscles for an indefinite time; change in occlusion or temporomandibular (jaw) joint difficulty; or injury to adjacent teeth or restorations in other teeth, or injury to adjacent soft tissues.

3. I have further been informed of other potential complications including, but not limited to, nausea, vomiting, allergic reaction, bone fractures, bruises, delayed healing, sinus complications, openings from the sinus into the mouth, apparent facial changes, nasal changes, the possibility of secondary surgical procedures, loss of bone and the invested teeth, non-healing of the bony segments, devitalization (nerve damage which may require a root canal) of teeth and relapse.

4. I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of this procedure, the associated treatment and procedures, or the postsurgical dental procedures. I am further aware that there is a risk of failure and/or further corrective surgery may be necessary. Such a failure and remedial procedures may involve additional fees being assessed.

5. I agree and understand I am not to have anything to eat for 5 hours before my surgery.

6. I authorize Dr. Shah to perform the recommended dental procedures. I agree to the type of anesthesia that he/she has discussed with me, specifically (local) (IV sedation) or (general). I agree not to operate a motor vehicle or hazardous device for at least twenty-four (24) hours after the procedure or until fully recovered from the effects of the anesthesia or drugs given for my care. I agree not to drive home after my surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery.

7. If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under general anesthesia or IV sedation, I further authorize and direct Dr. Shah, his/her associates or assistants of his/her choice, to do whatever he/she/they deem necessary and advisable under the circumstances, including the decision not to proceed with the surgical procedure.

