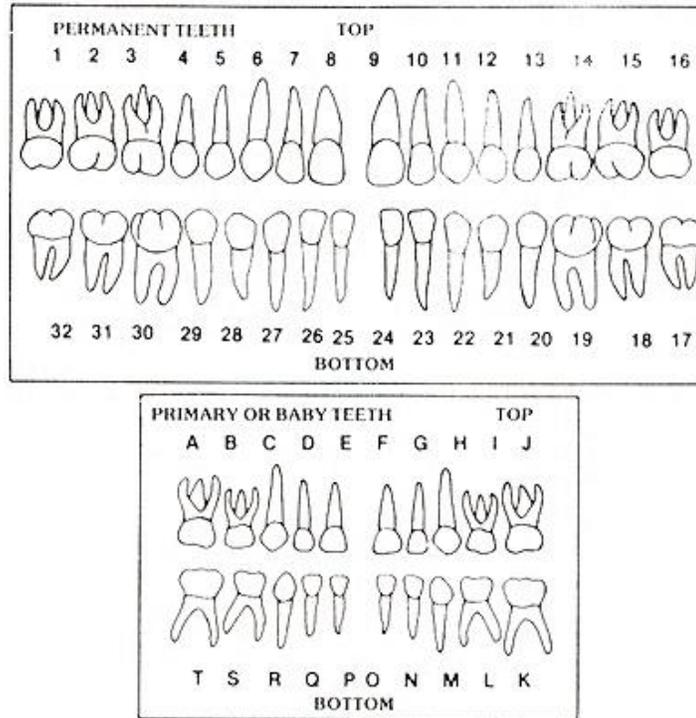


Consent for Extraction

Tooth to be removed:

Tooth number: _____

Tooth location: _____



What is an extraction and what are the benefits?

When a tooth is not restorable or the restorative option is not acceptable to a patient, the tooth may be removed in an attempt to regain health. The procedure consists of administering local anesthetic and separating the tooth from its ligament. Usually after a tooth is removed its replacement is indicated. Replacements are usually in the form of a bridge, implant, or removable prosthetic. Depending on circumstances the replacement could take several months to complete.

What are the risks?

1. Post-operatively I can expect some pain, swelling, bruising, discoloration of the face, and/or bleeding. Swelling may occur for several days after surgery. Recuperation may require several days at home.
2. Local anesthetic reactions may occur. Although rare, this could include numbness, swelling, pain, infection, abnormal reactions or allergy and may adversely affect health. If you desire intravenous sedation or general anesthesia, or for any other reason we will refer you to an oral surgeon.
3. Numbness may occur in the region of the surgery, gums, lip or tongue. This is usually a temporary condition, but in some cases may be permanent.
4. A dry socket (poor healing of the socket) may occur. A dry socket is painful and requires frequent treatment at the office. Smoking after extraction increases risk of dry socket.
5. Root tips sometimes break off in the bone and may be left to avoid extensive surgery. With upper teeth, the root tips sometimes expose or are pushed into the maxillary sinus.
6. Infection is uncommon but may occur. Antibiotics may be needed postoperatively.
7. Gums near the extraction site may shrink and expose roots of neighboring teeth.
8. Fracture of the bone may occur.
9. Damage to adjacent teeth or restorations may occur. If this happens repair is the responsibility of the patient.
10. Temporomandibular joint (TMJ) dysfunction may occur.
11. Debris may be swallowed or aspirated. If aspirated, a referral for a chest x-ray will be required.
12. Any complications will be treated here or you will be referred to the appropriate specialist if additional treatment is needed. Treatment may consist of physical therapy, antibiotics or other drugs, or additional surgery. Cross Timbers Dental is not financially responsible if additional treatment is needed with another health care provider.

What are my alternatives?

No treatment is always an option for the patient. However, leaving a tooth in place when an extraction is indicated does carry negative consequences. They include but are not limited to: infection, swelling, pain, periodontal disease, malocclusion, damage to other teeth, gum tissue and/or bone and adversely affecting overall health. Impacted teeth are subject to and responsible for infections, cysts and tumors, pressure damage and periodontal damage to normal teeth, gum, and bone.

INFORMED CONSENT: I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Anesthetic: The use of local anesthetic is used for pain control during dental procedures. There are inherent risks and side effects. They include, but not limited to: swelling, bruising, soreness, elevated blood pressure or pulse, allergic reaction, and altered sensation that may lead to self-injury. Partial or complete numbness may linger after the dental appointment. In rare cases it can last for an extended time and potentially it can be permanent.

Medications: Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

Guarantees: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.

Notifications: If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Confirmation of Medical History:

- Y / N **History of taking bisphosphonates (i.e. Boniva, Fosamax, Actonel, Reclast)**
- Y / N **Radiation treatment to the head or neck area**
- Y / N **Bleeding problems**
- Y / N **Taking blood thinner medications**
- Y / N **Taking daily aspirin**
- Y / N **Taking anticoagulants (i.e. Coumadin, Plavix, Lovenox, Fragmin, Angiomax, Xarelto (Rivaroxaban))**
- Y / N **Predisposed to Asthma or Hives**
- Y / N **Pregnant, recent pregnancy or nursing**

Patient's name (please print) _____

Signature of patient/legal guardian _____ Date _____