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_____   _____
 Name   Date

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

Teeth to be removed: (Check all that apply)   _ Upper Right Third Molar _ Upper Left Third Molar
_ Lower Right Third Molar _ Lower Left Third Molar

Other: _____

_____

Alternate treatment: _____

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

_____1. Swelling and/or bruising and discomfort in the surgery area.

_____2. Stretching of the corners of the mouth resulting in cracking or bruising.

_____3. Possible infection requiring additional treatment.

_____4. Dry socket- jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from lower extractions, especially wisdom teeth.

_____5. Possible damage to adjacent teeth, especially those with large fillings or caps.

_____6. Numbness, pain, or altered sensations in the teeth, gums, lip tongue (including possible loss of taste sensation) and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or damaged. Almost always sensation 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 tooth removal. Sometimes it is result of jaw joint discomfort (TMJ), especially when TMJ disease already exists.

_____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 smooth or remove.

_____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 upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus or an opening may occur into the mouth that may require additional care.

_____12 Jaw fracture- while quite rare, it is possible in difficult or deeply impacted teeth.

ANESTHESIA:

LOCAL ANESTHESIA: an injection is given to block pain pathways in a localized area.

LOCAL ANESTHESIA WITH ORAL PREMEDICATION: a pill is taken for relaxation prior to giving local anesthesia.

INTRAVENOUS SEDATION OR GENERAL ANESTHESIA: alters your awareness of the procedure by producing sedative/amnesic effects, or sleep.

Whichever technique you choose, the administration of any medication involves certain risks. These include:

_____ 1. Nausea and vomiting.
_____ 2. An allergic or unexpected reaction. If severe, allergic reactions might cause more
         serious respiratory(lung) or cardiovascular (heart) problems which may require treatment.
_____ 3.Pain, swelling. Inflammation or infection of the area of the injection.
_____ 4. Injury to nerves or blood vessels in the area.
_____ 5. Disorientation, confusion, or prolonged drowsiness after surgery.
_____ 6. Cardiovascular or respiratory responses which may lead to heart attack, stroke, or death.

Fortunately, these complications and side effects are not common. Well- monitored anesthesia is generally very safe, comfortable, and well- tolerated. <u>If you have any questions, PLEASE ASK</u>.

I have read and understand the above and give my consent for:

_____ _ Local Anesthesia
       _ Local Anesthesia with Oral Premedication
       _ Local Anesthesia with Intravenous Sedation
       _ General Anesthesia

I have read and understand the above and give my consent to surgery. I further state that if I have IV Sedation or General Anesthesia, that I <u>HAVE NOT HAD ANY SOLIDS OR LIQUIDS BY MOUTH FOR **SIX (6) HOURS** PRIOR TO SURGERY.</u> **TO DO OTHERWISE MAY BE LIFE-THREATENING!** I agree not to drive myself home and to have a responsible adult accompany me until I am recovered from my medications. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc. I certify that I speak, read and write English.

_____
Patient's (or Legal Guardian's) Signature   Date

_____
Doctor's Signature   Date

_____
Witness' Signature   Date