

# Dr. Ernie F. Soto, D.D.S., P.A.

## CONSENT FOR ORAL SURGERY

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Patient's Name

Date

You have the right to be informed about your diagnosis and planned surgery so that you can make a decision whether to undergo the procedure after knowing the expected outcome, risks and hazards. This disclosure is not meant to alarm you; it is simply an effort to provide understanding so you can give your informed consent to the procedure.

### POSSIBLE COMPLICATIONS OF:

#### A. ALL SURGERIES

1. Soreness, swelling, bruising and restricted mouth opening during healing, sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ), especially when TMJ problems existed prior to surgery.
2. Bleeding, usually controllable, but which may be prolonged and require additional care.
3. Drug reactions or allergic reactions, possibly requiring additional treatment.
4. Infection, possibly requiring additional treatment.

#### B. ALL TOOTH EXTRACTIONS

1. Dry socket -- discomfort occurring a few days after extraction, requiring further care.
2. Damage to adjacent teeth or fillings.
3. Sharp ridges or bone splinters which may require additional surgery to smooth area.
4. Portions of tooth remaining. Sometimes fine root tips break off and may be deliberately left in place to avoid damage to nearby vital structures such as nerves or sinus.
5. Fracture of the jaw or of smaller portions of bone that supports teeth.

#### C. LOWER TEETH

1. **Numbness:** Due to the closeness of tooth roots to the nerve (especially wisdom teeth), it is possible to injure the nerve during tooth removal. The lip, chin, gums or tongue could thus feel numb (resembling local anesthetic injection), and there could be a possible loss of taste sensation, and this could remain for days, weeks or, very rarely, permanently.

#### D. UPPER TEETH

1. **Sinus involvement:** Due to the closeness of the roots of upper back teeth to the sinus, or from a root tip being displaced into the sinus, a possible sinus infection and/or sinus opening may result, which may require medication and/or later surgery to correct.

#### E. ANESTHESIA

1. **Local anesthesia:** Although there are few risks, there could be allergic reactions, some later discomfort and swelling, and the remote possibility of nerve damage from the needle itself.

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ALTERNATIVE TREATMENT OPTIONS:

I hereby authorize Dr. \_\_\_\_\_ and staff to perform the following procedures:

I understand the doctor may discover other or different conditions that may require additional or different procedures from those planned. I authorize such other procedures as are deemed necessary in my doctor's professional judgment to complete my surgery.

I have read this form and discussed my surgery with Dr. \_\_\_\_\_ and all my questions have been answered satisfactorily. I give my consent to the planned surgery.

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature Date

\_\_\_\_\_  
Doctor's Signature Date

\_\_\_\_\_  
Witness' Signature Date

*(Note: Place on letterhead.)*