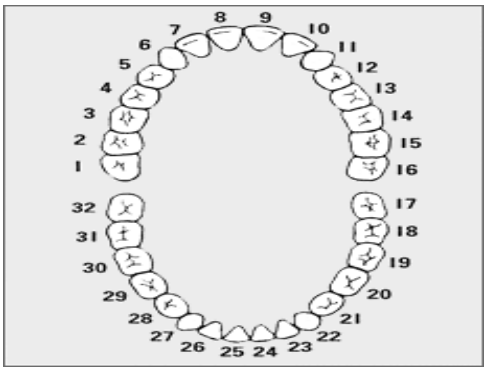
BASIC SURGICAL TREATMENT CONSENT FORM

We want you as our patient (or parent/guardian) to be informed about your treatment and assure your complete understanding before consent to treatment. The following consent discusses possible benefits and risks that may occur from treatment and alternatives to treatment. ***Please date and sign at the bottom of this form,*** when you have read this document, understand the information presented, and have had all your questions or concerns answered satisfactorily.

it is recommended that:



☐ The following tooth/teeth will be removed (extracted): ____

☐ One or more of the teeth you have elected to have extracted could be saved by endodontic (root canal) therapy or other means. You understand that you are voluntarily choosing to have a tooth (teeth) extracted instead of pursuing other therapy that would allow you to retain the tooth (teeth).

☐ Surgical drainage of acute infection (incision and drainage)

☐ Other surgical procedures:

RISKS SPECIFIC TO BASIC SURGICAL TREATMENT:
Most procedures are routine and serious complications are not expected. However, as with any surgery, there are some risks involved that you need to be made aware of. Many of the risks that do not occur are most often minor and can be treated. They include, but are not limited to:

1. Swelling and/or bruising
2. Stretching of the corners of the mouth resulting in cracking and bruising.
3. Possible infection requiring further treatment
4. Dry socket (jaw pain due to the blood clot coming out of the tooth) beginning a few days after surgery, usually requiring further treatment.
5. Possible damage to adjacent teeth, especially those with large fillings or caps, which may require further treatment.
6. Numbness or altered sensation in the teeth, lip, tongue (including possible loss of taste sensation) and chin, due to the closeness of the roots (especially wisdom teeth) to the nerves that can be bruised or injured. Sensation most often returns to normal, but in rare cases, the loss may be permanent.
7. Trismus, which is limited jaw opening due to inflammation or swelling, most common afterwisdom tooth removal. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
8. Bleeding during and after the procedure. Persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may surface later at the extraction site, possibly requiring simple removal or another surgery to smooth or remove them.
10. Incomplete removal of tooth fragments in order to avoid injury to vital structures such as nerves or sinuses.
11. Sinus involvement: the roots of upper back teeth are often close to the nasal sinus. Sometimes a piece of root can move into the sinus causing an opening, called a perforation. If this occurs, it may require further treatment.
12. Jaw fracture. While quite rare, it is possible in difficult or deeply impacted teeth.
13. Injury to oral tissues, including tongue, lip, cheek or gums
14. Allergic reactions to medications or materials used during procedure.

Disclaimer: Prescribed medications and drugs may cause drowsiness and lack of awareness and poor coordination (which may be influenced by the use of alcohol, tranquilizers, or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered from the effects of any or all medications or drugs prescribed or recommended.

I understand I can choose to not complete the surgical procedure. Risks involved in these choices might include pain, infection, swelling, loss of other teeth, and infection spreading to other areas. I also understand I have the option of having the proposed surgical treatment completed by a specialist outside of HiloDent.

CONSENT: I have read this consent in full and having been provided the opportunity to have any questions or concerns answered to my satisfaction and being the patent (parent or guardian of the named minor patent), consent to the performing of surgical treatment with HiloDent.

By signing below, I authorize surgery amongst the needed areas:

Printed name _____

Signature_____ **Date** _____