



Oral Surgery Consent Form

When you give permission to have teeth removed, especially upper and lower unerupted or impacted teeth (teeth that are fully erupted or impacted) you or your guardian should understand the possible risks and hazards of the operation. The following detail those risks:

1. Possible referral to oral surgeon mid treatment due to surgical complications. (i.e. excessive bleeding, removal of small root tips)
2. Damage to adjacent teeth, fillings, or crowns.
3. Post-operative infection requiring additional treatment and/or hospitalization.
4. Post-operative discomfort and swelling which may necessitate several days recuperation.
5. Injury to nerve underlying the teeth resulting in prolonged numbness of the lip and/or tongue on the operated side. (This does not apply to upper teeth)
6. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery. (This does not apply to lower teeth)
7. Possibility of a small root tip being left in the jaw when its removal would require extensive surgery.

While all the aforementioned are possible post-operative complications, the likelihood of occurrence is minimal. Prior to signing, feel free to consult with Dr. Adomian about anything you do not understand.

Printed Name

Patient/Guardian Signature Date

Dentist Signature Date