



Patient's Name: \_\_\_\_\_

Last

First

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone# \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Are you taking any Medications? YES NO

Please List \_\_\_\_\_

Are You Allergic To Any Medications/Latex/Foods? YES NO

Please List \_\_\_\_\_

**Do You Have OR Have You Ever Had?**

**Please Circle**

- |  |     |    |
|--|-----|----|
| Abnormal Blood Pressure                    | YES | NO |
| Artificial joint, Prosthesis               | YES | NO |
| Asthma                                     | YES | NO |
| Blood Thinners, Taking?                    | YES | NO |
| Cancer /Radiation Therapy of Head and Neck | YES | NO |
| Diabetes                                   | YES | NO |
| Epilepsy/Seizure                           | YES | NO |
| Heart Condition                            | YES | NO |
| Malignancy                                 | YES | NO |
| Stomach, Kidney or Liver problems?         | YES | NO |
| Might you Be Pregnant?                     | YES | NO |
| Do you have any other medical conditions?  | YES | NO |

List \_\_\_\_\_

\_\_\_\_\_

## CONSENT:

I understand that this examination is going to address my immediate problem or emergency and should not be confirmed as a complete examination with resulting treatment.

I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

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:

1. Swelling and/or bruising and discomfort in the surgery areas.
2. Stretching of the corners of the mouth resulting in cracking and bruising.
3. Possible infection requiring further treatment.
4. Dry socket—jaw pain beginning in 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 or altered sensation in the teeth, lip, tongue and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or injured. Sensation most often 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 the result of jaw joint discomfort (TMJ), especially when TMJ disease and symptoms already exist.
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 may require another surgery to smooth or remove them.
10. Incomplete removal of tooth fragments—to avoid injury to vital structures such as nerves or sinuses, sometimes small root tips may be left in place. 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 which may require additional care.
11. Jaw fracture—while quite rare, it is possible in difficult or deeply impacted teeth.

Most procedures are routine and serious complications are not expected. Those which do occur are most often minor and can be treated. **Please note:** Some complications require additional care – if this should occur, additional fees may be applied.

I attest to the accuracy of the information on this page:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness