

CONSENT FOR ORAL SURGERY, ANESTHESIA, AND USE OF MEDICATIONS

I am aware that there are inherent risks and potential complications with any surgical or anesthetic procedure. I understand and am aware that these risks, some of which are very unlikely, may include but are not limited to the following:

1. Post-operative pain, swelling, bleeding, and/or infection.
2. Injury to adjacent teeth, fillings, and/or crowns.
3. Restricted mouth opening for several days or, in some instances, weeks.
4. Decision to leave a small piece of root in the jaws where removal would require extensive surgery or place the patient at additional risk.
5. Worsening of pre-existing jaw joint (TMJ) symptoms or pain or jaw joint (TMJ) dysfunction and/or pain, even in the absence of pre-operative symptoms.
6. Weakness and/or, in rare instances, fracture of the jaw.
7. 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.
8. Sinus opening or complications that may occur with the removal of upper teeth, especially with the removal of impacted upper wisdom teeth, which may require medication and/or additional surgery.
9. Delayed healing or dry socket (jaw pain beginning a few days after surgery, usually requiring additional care).
10. Untoward reaction to medication.
11. Cracking or bruising at the corners of the mouth.
12. With the use of intravenous medication, there may be soreness and/or bruising at and around the site of injection.
13. Discoloration/bruising (black and blue/yellowing) of the face and neck.
14. Possible need for additional surgery.

If I am to have general anesthesia, I have not/will not have anything to eat or drink (including water) for 8 hours prior to surgery. I agree not to drive myself home from surgery and not to drive or operate machinery for 24 hours following surgery. I will provide a responsible adult who will be available and responsible for my transportation home. I also understand that both anesthetic and some post-operative medications may impair judgment and motor skills and that these effects will be increased by the use of alcohol and/or other medications. I have been advised not to drive or operate machinery while taking such medications. Parents and/or guardians presenting minors/children for treatment are expected to remain in the office for the duration of treatment and recovery.

*** PLEASE DO NOT READ BEYOND THIS POINT - A DOCTOR WILL COMPLETE THIS FORM WITH YOU ***

I understand that the final choice of anesthesia for my anticipated surgery is to be made by the doctors, however, my preference is: (check one)

Asleep/General Anesthesia Awake/Local Anesthesia Let the Doctor decide

I last ate or drank: _____ My driver is: _____

M y p l a n n e d s u r g i c a l t r e a t m e n t is: _____

Dr. Martin, Dr. Farrell, Dr. Brennan has explained my surgery and anesthesia to my satisfaction and has reviewed treatment options including the option of no treatment. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to the individual differences of each individual patient there always exists the risk of failure or relapse of any surgical result, or continued worsening of my present condition despite the care provided.

I consent to the above surgery and anesthesia at Reading Oral Surgery:

Patient or Guardian: _____ Witness: _____

Doctor: _____ Date: _____