



CONSENT FOR EXTRACTION

Tooth/Teeth: _____

I hereby authorize Dr. Tuan Nhu to perform tooth extraction surgery, and I understand which tooth or teeth will be extracted. I also understand that Dr. Nhu is not an extraction specialist (oral surgeon or periodontist), and I am declining immediate referral to a specialist at this time. I further understand that Dr. Nhu may cease treatment and make a referral to a specialist should any unanticipated difficulty or untoward event occur during or after treatment at my additional expense.

I have been informed of the need to have the tooth (teeth) removed. The details of the procedure have been explained to me, and I fully understand them. I have been told about the alternatives to tooth extractions, their risks and benefits. I understand that although there are ADA billing codes distinguishing "Simple" and "Surgical" extractions, no extraction is truly simple, and all surgical procedures carry risk. I understand that in order to perform an extraction, my gum tissue will be cut, and bone will be removed. A full-thickness flap may or may not be made, and sutures may or may not be placed, depending on the situation. If I am taking any anticoagulant medication such as warfarin (Coumadin), aspirin, or any blood-thinning supplements, I have informed Dr. Nhu and acknowledge that we have discussed the risks of prolonged bleeding times. I understand that if bleeding does not stop in a reasonable time period that I will need to seek care at the nearest Emergency Room at my own expense.

I also understand that purified tissue regeneration materials from pig, cow, human cadaver, or of a synthetic nature may be used during the surgery to enhance the outcome of the procedure. These materials and their use as well as reasonable risks have been discussed with me. I further understand that I have the right to decline the use of these materials.

I understand that following the extraction(s), there may be a period of numbness of the jaw, some swelling, bleeding, discoloration and possible discomfort. I understand that because the position of the nerves in the area of the extracted tooth (teeth) cannot be clearly determined by x-rays, injury to the nerves may be unavoidable and may result in loss of sensation to the chin, lips, and tongue for a period of time. I have been told that although it is usual for the numbness to be temporary it may, on rare occasions, be permanent.

I understand additional complications, although rare, may occur. Some of these complications may be, but are not limited to: fracture of the jaw, fracture of the root requiring that a root fragment be surgically removed or left in place, TMJ injury, muscle injury, laceration of the tongue or cheek, dry socket, post-operative infections, etc. I further understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions following the extractions, I agree to report them to Dr. Nhu as soon as possible. I have been told that the success of the surgery depends upon my cooperation in keeping scheduled appointments, following home care instructions, including oral hygiene and dietary instructions, taking prescribed medication and reporting to the office any change in my health status.

I acknowledge that no guarantees or assurances have been given by anyone as to the results that may be obtained. I have discussed all of the above with the doctor, and have had all my questions answered.

I understand that smoking will compromise the results of my surgery, may create complications, and may cause a delay in healing.

Patient Signature: _____

Date: _____

Doctor Signature: _____

Date: _____

Witness: _____

Date: _____