

BROADWAY DENTAL CARE

2606 NE Broadway, Suite A
Portland, Oregon 97232
(503)595-KIND (5463)

Consent for Extraction

I have recommended that one or more of your teeth be extracted based upon your symptoms, my examination of your mouth, the treatment plan I have discussed with you and that it is your choice to have this extraction/extractions. Nevertheless I want you to be aware of the commonly known risks and side effects of this procedure.

They are:

You may experience pain, swelling, or bleeding for a time after the extraction. I will give you instructions on how to manage these problems which, if they occur, should only last for a few days. Of course, should any of these problems be more severe or last longer than you anticipated, call our office immediately.

You may experience an infection following the extraction. I will advise you what to look for as signs of infection. If any of these signs occur, you should call or see me as soon as possible. It may be necessary to cut your tooth into parts in order to remove it.

Teeth adjacent to the tooth to be extracted may be chipped or damaged during the extraction.

Nerves which supply sensation to your mouth, chin, lips, tongue, and gum tissue may run near the area of the extraction. After the extraction, you may experience some alteration of normal nerve sensation (itching, burning, or tingling, for example) for a short or indefinite period of time. In some rare instances you may experience a total lack of sensation for a period of time which could be for years or even permanently.

For teeth in the upper arch there is a risk that following the extraction, a hole or pathway may be present between the sinus and the oral cavity. This is because the roots of some of the upper teeth end just below the floor of the sinus and sometimes actually go through the sinus floor. If this occurs during your procedure, I may need to make a small surgical repair of the hole and may place you on antibiotics and antihistamines to reduce the risk of a sinus infection. On very rare occasions, future surgery may be necessary to fully close the area.

You may also experience a painful condition known as a dry socket. This occurs when the protective blood clot in the socket where the tooth was removed is dislodged, exposing and irritating nerve endings. This may be caused by failing to closely follow the post-operative instructions I have given you. Although the condition is temporary and not harmful, it is painful. It can be readily treated and you should seek treatment from me. I will place medicine in the socket that will soothe and protect it while alleviating the pain.

If an extraction of a tooth becomes more complicated than anticipated, the tooth may not be fully extracted and be referred to an oral surgeon for it to be completely removed.

I invite your questions concerning the risks discussed and contained in this document. By signing below, you acknowledge that you have read this document, understand the information presented, have had all your questions answered satisfactorily, and that the procedure and alternatives as well as the risks have been presented to you.

Tooth #'s being extracted: _____

Patient Name: _____

Patient's Signature: (parent/guardian) _____ Date _____

Doctor's Signature: _____

Witness's signature: _____