

I am requesting that

Dr At (Name of your surgery here)

Extract the agreed upon teeth from my mouth.

IMPORTANT TO READ

Every surgical operation is attended by risks. In some situations (mainly lower molars) there is a slight risk of nerve damage, which may result in temporary or permanent numbness, or loss of, or change in sensation in some teeth, part of the tongue, gum, lower lip and/or the skin overlying the chin.

Recent scientific evidence suggests that surgical trauma to the local nerves occurs in 1% - 5% of all cases. When this surgical complication does arise, its effects are almost always temporary; indeed, permanent effects are rare. Patients who do experience loss of, or changes in sensation, over 75% recover normal sensation within 3 months, 88% within 6 months and most of the remaining 12% within 2 years. A very small number of patients, (approximately 3 in 1,000), either do not recover normal sensation even after long periods, or experience persistent altered sensations such as tingling or burning.

There are other possible complications which include, but are not limited to, swelling, infection, bleeding, inflammation, pain, delayed healing, limited jaw opening, damage to other teeth or the maxillary sinus and allergic or adverse reactions to the anaesthetics or medications. Almost all of these are temporary.

INFORMED CONSENT

I understand that the dentists at this practice are general dental surgeons and not dental specialists. I also understand and accept the risks and benefits of the proposed procedure and hereby authorise the attending general dental surgeon and staff to perform this treatment and consent to all such treatment as is indicated by sound and prudent dental practice. I also request and consent to the use of anaesthetics and medications as the attending general dental surgeon may deem advisable and proper. I understand that it is far more likely that the anticipated benefits will outweigh the surgical risks but that in the event of any more unusual complication(s) arising from the proposed procedure, the attending general dental surgeon may recommend advice &/or treatment by medical or dental specialist(s) and other practitioners.

If you understand and acknowledge the above information, please sign this document in front of a staff member, on the day of your appointment.

Name Date

Signature

I, Dr have personally discussed the above issues with

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Signature Date