

**Patient Name:**

**Date of Birth:**

## **Consent for Wisdom Tooth Extraction**

### **I. Recommended Treatment**

I consent to the following treatment/operation/procedure at the Dental Clinic, **DIS212 DENTAL GROUP** for:

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and any such additional procedure(s) as may be considered necessary for my well- being based on findings made during the examination. My treatment has been explained to me and no guarantee has been made as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the treatment. I also consent of using the local anesthesia during the performance of my treatment.

### **II. Risks and Complications**

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of the treatment plan. These potential risks and complications, include, but are not limited to, the following:

- ❖ Drug reactions and side effects.
- ❖ Post-operative bleeding, oozing, infection and/or bone infection.
- ❖ Bruising and/or swelling, restricted mouth opening for several days or weeks.
- ❖ Loss or removal of bone during tooth extraction.
- ❖ Damage to, or fracture of, adjacent teeth or tooth restorations.
- ❖ Delayed healing, including but not limited to, dry socket, necessitating post-operative care.
- ❖ Possible involvement of the sinus during the removal of the upper posterior teeth, which may require additional treatment or surgical repair at a later date.
- ❖ Possible involvement of the nerves of the lower jaw during the removal of teeth resulting in temporary or permanent tingling/numbness of the lower lip, chin, tongue or other surrounding structures.
- ❖ Jaw fracture.
- ❖ As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

**Date:**

**Signature:**

*(Patient/Guardian)*

**Witness :**

*(signature)*