

COVINGTON FAMILY DENTISTRY

INFORMED CONSENT FOR ORAL SURGERY

The doctor has explained to me the proposed treatment and the anticipated results of such treatment. I understand this is an elective procedure and that there are other forms of treatment available, including the option of no treatment and/or the referral to an oral surgeon. I also understand that in my doctor's opinion this treatment will provide the optimal relationship between teeth, jaws, muscles, and the temporomandibular (jaw) joint that is possible at this time.

The doctor has explained to me that there are certain potential risks in this treatment plan or procedure. Including but not limited to:

- 1) Cardiac Arrest.
- 2) Injury to a nerve resulting in numbness or tingling of the chin, lip, cheek, gums and/or tongue on the operated side; this may persist for several weeks, months, or in remote instances, permanently.
- 3) Postoperative infection requiring additional treatment.
- 4) Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
- 5) Breakage of the jaw
- 6) Restricted mouth opening for several days or weeks, with possible dislocation of the temporomandibular (jaw) joint.
- 7) Injury to adjacent teeth and fillings.
- 8) Postoperative discomfort, swelling, and bleeding that may necessitate several days of recuperation.
- 9) Decision to leave a small piece of root in the jaw when its removal would require extensive surgery.
- 10) Stretching of the corners of the mouth, resulting in cracking and bruising.

Unforeseen conditions may arise during the procedure that requires a different procedure than set forth above. I therefore authorize the doctor and any associates to perform such procedures, when, in their professional judgment, they are necessary.

I understand that the medications, drugs, anesthetics and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and not to operate any vehicle, automobile, or hazardous devices, while taking such medications and until fully recovered from their effects.

It has been explained to me and I understand that a perfect result is not guaranteed or warranted.

Please do not hesitate to ask the doctor or staff if you have any questions.

Date: _____ Patient signature: _____