

INFORMATIONAL USE ONLY

**AUTHORIZATION AND CONSENT
TO SURGERY AND DRUG ADMINISTRATION**

I hereby authorize Dr. _____ and whomever he/she may designate as assistants to perform upon me the following operation and procedures:

and if any unforeseen condition arises in the course of these designated operations or procedures calling, in his/her judgement, for procedures in addition to or different from those now contemplated, I further request and authorize them to do whatever they deem advisable.

I am informed and fully understand that inherent in any type of surgery are certain unavoidable complications. In Endodontic surgery, the most common of these complications include leaving a small piece of root in the jaw if removal of the root would require extensive surgery, post-operative bleeding, swelling or bruising, discomfort, stiffjaws, loss or loosening of dental fillings. Less common complications can include infection, loss or injury to adjacent teeth and soft tissues, nerve disturbances (e.g., numbness of lip, chin and tongue), broken jaw, sinus exposure and swallowing or inhaling of instruments and fillings into lungs.

I further consent to the administration of local or general anesthesia, antibiotics, analgesics or any other drugs that may be deemed necessary in my case, and understand that there is a slight element of risk inherent in the administration of any drugs or anesthesia. This risk includes adverse drug response (e.g., allergic reactions), heart stoppage, and inhaling of stomach contents into lungs.

I realize that it is mandatory that I give as accurate and complete medical and personal history as possible, follow any and all instructions as directed and permit prescribed diagnostic procedures.

I further realize that in spite of the possible complications, my contemplated surgery is necessary and is desired by me. I am further aware that the practice of dentistry and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure.

A FULL AND COMPLETE explanation of surgery and anesthesia is available to me upon my request from the doctor.

Date

(patient/guardian/parent)

Date

(Witness)