

INFORMATIONAL USE ONLY

SURGICAL INFORMED CONSENT

I hereby give permission to Dr. _____ to perform the following procedure or procedures for myself or my dependent (_____) and such additional procedures as are considered necessary on the basis of findings during the course of said procedure: _____.

The following alternative methods of treatment have been explained to me as being practical and possible, but I desire the treatment mentioned above: _____

I hereby certify that I fully understand this authorization for surgical treatment and the reasons why the above-named surgery is considered necessary. I have been given the opportunity to ask questions and have been given satisfactory answers.

I consent for the procedure(s) to be done with the following anesthesia and/or medications:

- _____ Local anesthesia
- _____ Local anesthesia with intravenous sedation
- _____ Local anesthesia with nitrous oxide and oxygen
- _____ General anesthesia

I understand that the administration of the anesthesia is to be applied by or under the direction of _____.

I also understand that the administration of medications and performance of surgery carry certain common inherent risks, such as, but not limited to:

1. Drug reactions and side effects
2. Post-operative bleeding
3. Post-operative infection or bone inflammation
4. Possible involvement of the sinus of the upper jaw during removal of upper back teeth, requiring possible surgery for repair at a future date.
5. Possible involvement of the nerve within the lower jaw during removal of lower wisdom teeth, resulting in usually temporary, but possibly permanent numbness and/or tingling in the lower lip, right and/or left sides
6. Possible fracture of the lower jaw during the procedure
7. Bruising and/or vein inflammation at the site of the intravenous injections

I am aware that the practice of Oral and Maxillofacial surgery is not an exact science and I acknowledge that no guarantees have been made to me as a result of the procedures authorized above.

Print Last Name, First Name, Middle Initial

Signature

Date

Witness