FALLSGROVE ORAL & MAXILLOFACIAL SURGERY

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SURGICAL CONSENT FORM

Patient's Name: _____ **Date:** _____

I consent to and authorize the performance of the following operation(s) or procedure(s):

_____

_____

_____

_____

under the supervision of Dr. _____

The doctors or their representatives have explained what operation(s) or procedure(s) are planned, the nature of the problem(s), the reason for undertaking the operation(s) or procedure(s), the alternatives to be considered and the possible risks involved. These risks include but are not limited to:

_____ 1. Post-operative discomfort and swelling that may require several days of at-home recovery.

_____ 2. Prolonged or heavy bleeding.

_____ 3. Injury or damage to adjacent teeth or fillings.

_____ 4. Post-operative infection that may require additional treatment.

_____ 5. Jaw stiffness related to swelling, muscle soreness or stress on the jaw joints (TMJ) especially when TMJ problems already exist.

_____ 6. A decision to leave a small piece of root in the jaw when its removal would require extensive surgery or risk other complications.

_____ 7. Injury to the nerve underlying lower teeth, resulting in pain numbness, tingling or other sensory disturbances in the chin, lip, cheek, teeth, gums or tongue and which may persist for several weeks, months or, in rare instances, be permanent. Possible altered or loss of taste.

_____ 8. Opening into the sinus (a normal chamber situated above the upper teeth) requiring additional surgery or treatment.

_____ 9. Dry socket (loss of blood clot from extraction site).

_____ 10. Allergic reactions (previously unknown) to any medications used in treatment.

_____ 11. Fracture of Jaw.

_____ 12. Other _____

It has been explained that during the course of treatment unforeseen conditions may be revealed that may require changes in the planned procedure. I authorize my doctor and staff to use professional judgment to perform such additional procedures that are necessary and desirable to complete my surgery.

_____

Doctor's Signature Date