

## How to Sign this form

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### **Desktop:**

1. Click on the signature field
2. Fill out using your Digital ID. Follow the prompts.

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I want to sign this document using:

- My existing digital ID from:
  - A file
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- A new digital ID I want to create now

- Note: If you don't have a Digital ID, please make one by following the prompts.
3. Proceed to submit this form. Read the last page to submit this form.

### **Phone:**

1. Press on the signature field
2. You will be prompted to sign by drawing your signature on your device.
3. Proceed to submit this form. Read the last page to submit this form.

## Informed Consent to Dental Surgery

- Purpose of treatment
- Extractions are considered for: orthodontic reasons, severely decayed teeth, infected teeth with severe periodontal disease and impacted teeth or for the prevention of future infection or problems. After removal of a tooth, an artificial bone graft may be placed into the socket to preserve the jawbone.
- Potential Complications
- The following is not a list of all the potential complications but it does cover the most common ones,
- Pain: Varies individually and can be controlled with medication
- Bruising, swelling and difficulty opening: Generally resolve within one week
- Bleeding: A small amount of bleeding is not unusual for a day and should stop by applying firm pressure with gauze. More than this is unusual and requires attention by the surgeon.
- Infection: The chances of post op infection increase with smoking and poor oral hygiene. Should infection develop, it may require additional oral antibiotics or IV in a hospital setting, dressing the wound, or sometimes an incision and draining. Signs and symptoms of infection include severe pain, non-resolving swelling, foul odour, fever and chills.
- Numbness: Surgery in the jaw is often close to the nerves and there is no test that can accurately predict where nerves lie in the gum or bone. Damage to the nerve can result in temporary or permanent changes in sensation of the affected area. This includes numbness, tingling, painful sensations or a loss of taste. While occurrences of such changes in the sensation are uncommon, very little can be done if they occur.
- Fractures: Broken jawbones are a rare complication. The risk does rise with older patients and when the bone is severely resorbed. Should a fracture occur, wiring of the jaw or wearing of a splint or denture may be necessary.
- Remaining roots and sharp bony edges: Small pieces of the tooth root may remain in the jaw if it is decided that its removal would complicate the surgical outcome another surgery may be required to smooth the edges.
- Sinus problems: Surgery in the upper jaw may be complicated by the position of the sinus. Should a tooth or root be lodged in the sinus, future surgical procedures may be required to remove it. Opening of the sinus is also possible and may require medication or surgery to repair it.
- Damage to adjacent teeth: Sometimes, an adjacent tooth or its supporting structures may be damaged. The chances of this are increased if the adjacent tooth is weak with a large filling or crown. Subsequent problems may necessitate either a root canal or extraction of the affected tooth.
- Rejection of the bone graft: A biocompatible synthetic material is utilized for the bone grafting process. There have not been any reported rejections of the material utilized. If a rejection does occur then a second surgical procedure will be needed to remove the graft
- Consent: I have read the above information and the dentist has explained the points that are pertinent to my case and been given alternatives. I do understand that Dr. So is registered in Ontario as a general dentist and options for referral to an oral surgeon were offered. I understand this information and that there is no guarantee given that the proposed treatment will be successful in correcting the condition. Prior to the surgery, I may not be experiencing any pain or problems and realize there is a risk of failure, relapse, selective retreatment or worsening of the present condition despite care provided. My questions have been addressed

Tooth/Teeth to be extracted and grafted \_\_\_\_\_

Patient \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

### **Informed Consent for Oral Surgery**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Treatment: \_\_\_\_\_

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This sheet serves as a quality control check list to ensure you understand the benefits, alternatives and risks. Your signature below indicates that we have discussed, and you understand the following:

- You decline being referred to an oral surgeon ( a specialist in tooth removal)
- You have fully disclosed you medical history to us
- You are aware that significant post-op discomfort, swelling, bleeding, muscle soreness, jaw joint discomfort and bruising are expected outcomes of oral surgery.
- You are aware that there is a risk of nerve damage, particularly for lower tooth removal, which will result in numbness of the lip, chin, gums, tongue, teeth or cheek. This is usually of short duration but rarely may be permanent.
- You are aware that for the removal of upper teeth there is a risk of complications with the sinus, which may include a small opening to the sinus from the mouth, and may require you to see an oral surgeon at your own additional expense.
- You are aware of the risk of infection, as well as the risk of dry socket, which will result in pain and discomfort for which additional treatment will be required
- You are aware that there is a risk of damage to adjacent teeth, which will need treatment at an additional expense
- You are aware that during treatment the tooth may fracture and small root tips may be left behind or additional surgery may be needed to retrieve these fragments.
- Nausea, vomiting, delayed healing, allergic reaction and rarely fracture of the bone may occur.
- You are aware that long-term consequences of tooth removal may include shifting of teeth, bone loss where teeth were, collapse of your bite which can adversely affect your facial aesthetics and cause symptoms of TMD.
- You have been made aware of alternatives to this procedure including endodontic (root canal) therapy (if applicable) or replacement by means of dental implants (if applicable)
- You have no further questions about the proposed treatment, and your questions thus far have been answered to your satisfaction.
- The quoted fee may increase if the extractions are more difficult than anticipated.

I understand the above statements. All questions have been answered to my satisfaction. I give my informed consent to proceed with the proposed treatment.

Patient/Guardian Signature:

\_\_\_\_\_

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to email this form to us:**

**EMAIL NOW**

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- 1. Save the changes to this form**
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[northerndentaldcm@altima.ca](mailto:northerndentaldcm@altima.ca)**