



PATIENT AGREEMENT AND INFORMED CONSENT FOR
ORAL SURGERY

Patient Name: _____ **Date:** _____

This Patient Agreement contains important information about your planned oral surgical procedure(s). BY SIGNING THIS PATIENT AGREEMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS IT CONTAINS. Please read this carefully and ask questions about any areas that are unclear.

Dr. Petty recommends the following oral surgical procedure(s):

I have reviewed the written and visual information provided to me.

Dr. Petty and/or his staff have explained to me the proposed treatment. I understand that there is the option of **no treatment**. The risks of no treatment have also been explained to me and include pain, infection, need for antibiotics, eventual loss of tooth/teeth, etc.

I understand that there are certain potential risks and complications with the recommended oral surgical procedures, anesthesia (freezing), and proposed drugs that may be recommended / prescribed to me.

These include, but are not limited to:

1) **PAIN:** Usually peaks in the first 2 days following surgery and can be controlled by the medication that Dr. Petty recommends (e.g. Advil/Motrin [ibuprofen]) or prescribes. They may be taken to relieve the pain (please read the package insert for dosages). These medications when taken on an empty stomach can cause stomach upset, nausea, etc. Please try to take your pain medication with food or fluids.

2) **BLEEDING, BRUISING and SWELLING:** Minor bleeding after the surgery is normal. This can be controlled by local measures placed by Dr. Petty (e.g. sutures, special materials in the socket) or provided by you (e.g. pressure produced by biting on gauze). Some swelling is normal and it will begin to subside after approximately 48 hours. If the bleeding or swelling is excessive, please contact us as soon as possible. Bruises may persist for a week or so.

3) **INFECTION:** May occur after the surgery. No matter how carefully surgical sterility is maintained, it is possible to develop an infection, particularly if food gets into the surgical site. This is because the mouth is a non-sterile environment. The infection may require the use of antibiotics and/or surgical drainage. Should severe swelling occur, especially if accompanied by fever or malaise, please call Trey Petty Oral Health as soon as possible.

4) DAMAGE TO NERVES: May result in temporary (weeks / months / a year) or permanent numbness or tingling (extremely rare) to the lower lip, tongue, gums, and/or chin. It can result from the surgical procedure or anesthetic (freezing) administration.

5) SINUS INVOLVEMENT: In some rare cases, the root tips of the upper teeth lie very close to the sinuses. When extracted, a hole may form in the sinus resulting in a communication between the mouth and the sinus. This may require additional surgery and/or antibiotic use.

6) DRY SOCKET: A special type of bone infection can occur as a result of a blood clot not forming properly during the healing process after a tooth/teeth is/are extracted, or if the blood clot is lost due to smoking, excessive rinsing, or spitting out. It is characterized by pain starting several days after the surgery, which worsens with time, and can be extremely painful if not treated. It will require additional visits to our office.

10) LIMITED MOUTH OPENING: This may occur for several days or weeks, with possible pain / clicking of the jaw joint.

7) INJURY TO ADJACENT TEETH, FILLINGS, AND / OR SOFT TISSUE: This can occur no matter how carefully the surgical procedures are performed.

9) BROKEN ROOTS, JAW, INSTRUMENTS OR BONE FRAGMENTS: Extreme care will be used, however, it is possible to fracture the root tip of a tooth, an instrument, the jaw (extremely rare), or create bone fragments. This will then require retrieval and possible referral to a specialist. A decision may be made to leave this small piece of root, bone fragment, or instrument in the jaw if it is too close to vital structures (e.g. nerves, blood vessels).

8) UNUSUAL REACTIONS TO MEDICATIONS GIVEN OR PRESCRIBED: Mild to severe reactions, may occur from the anesthetics (freezings) or other medications administered, recommended, or prescribed. Prescription drugs must be taken according to the instructions. Women who are using oral contraceptives should use another form of birth control, as antibiotics can render these contraceptives ineffective.

I HAVE READ THIS PATIENT AGREEMENT AND INFORMED CONSENT. I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION AND I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT. I GIVE DR. PETTY PERMISSION TO DO THE ABOVE LISTED PROCEDURES.

Patient/Guardian Signature: _____ Date: _____

Dentist Signature: _____ Date: _____