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MOLAR EXTRACTION CONSENT

PATIENT NAME _____

The surgical procedure that is to be performed has been explained to me and I understand the nature of my condition and of the proposed treatment. I also understand what health risk exists if the procedure is not done. This is my consent to the surgery.

I also agree to the administration of sedation, anesthesia, or other therapeutic measures as previously discussed that may be necessary for my comfort, safety and well being.

I know that occasionally there are complications with the surgery and the medications. The more common complications include pain, swelling, bleeding, dry-socket, limited mouth opening, infection, bruising and discoloration of the skin, temporary numbness and tingling of the lip, tongue, chin, gums, cheek or teeth.

It has been explained to me that with IV administrations there is occasional inflammation and discomfort with a vein.

There is the possibility of injury to or stiffness of the neck and facial muscles and also changes in the occlusion or temporomandibular joint. In some cases, there is injury to adjacent teeth, referred pain to the ear, neck and head, nausea, allergic reactions, bone fractures, delayed healing and permanent numbness of nerves in the facial area. Sinus complications, which may occur from the removal of upper teeth, include root tip of tooth in the sinus or development of a lingering opening into sinus from the mouth which could require sinus treatments following oral surgery.

Medications given during or after surgery may cause drowsiness and a lack of awareness and coordination, which could be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous devices while taking such medications for at least 24 hours or until recovered from their effects.

I realize that some of these potential complications can be avoided or reduced by carefully following the doctor's instructions. I have had an opportunity to ask questions about the procedure and aspects related to it and have had them answered to my satisfaction.

Signature

Guardian (if minor)

Witness

Date