Oral Surgery Statement of Consent

Patient Name ____ Date ____

Chart Number ____

1. I hereby authorize Dr.___________________________________ to treat the condition(s) described below.
2. The procedure(s) necessary to treat the condition(s) have been explained to me. I understand the nature of the procedure and I agree to undergo the following treatment/procedure/surgery: ________________________
   ____
   ____
   ____
3. The alternatives to treat the condition(s), including no treatment, have been explained to me. I have had the opportunity to discuss these alternatives with Dr.__________________ and/or staff to my full satisfaction.
4. I understand that in some cases, this may be an elective procedure and that my doctor has informed me of alternative treatment or no treatment at all.
5. I understand that some insurance companies consider intravenous sedation or general anesthesia an elective procedure. I agree to be financially responsible for charges incurred for this service if my insurance company does not cover them.
6. The doctor has explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to, the following:
   - ☐ A. Injury to adjacent teeth and fillings. **If injury or damage to adjacent teeth and/or fillings occurs from this procedure, all costs to repair or replace such injured or damaged fillings and/or teeth are my responsibility**.
   - ☐ B. Postoperative discomfort and swelling that may necessitate several days of home recuperation.
   - ☐ C. Heavy bleeding that may be prolonged.
   - ☐ D. Postoperative infection requiring additional treatment.
   - ☐ E. Stretching of the corners of the mouth with the resultant cracking and bruising.
   - ☐ F. Restricted mouth opening for several days or weeks.
   - ☐ G. Decision to leave a small piece of root in the jaw when its removal would require extensive surgery.
   - ☐ H. Breakage of the jaw.
   - ☐ I. Injury to the nerve underlying the teeth resulting in numbness or tingling of the chin, lip, cheek, gums, and/or tongue on the operated side; this may persist for several weeks, months or in remote instances, permanently.
   - ☐ J. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
   - ☐ K. If intravenous medication is used, soreness at injection site or along the vein may develop as well as some discoloration of the injection site.
   - ☐ L. Anesthetic complications may include nausea, vomiting, allergic reactions, respiratory, circulatory, hyper/hypo tension, and cardiac arrest.
   - ☐ M. Other: ____

7. It has been explained to me that during the course of the procedure unforeseen conditions may originally reveal that necessitate an extension of the original treatment procedure(s) or different treatment procedure(s) than those set forth above. I therefore authorize and request that Dr. ________________________ perform such procedures as are necessary and desirable in the exercise of professional judgment, and to treat or correct any unexpected conditions found or problems occurring during the treatment, procedure, or surgery. The authority granted should extend to the treatment of all conditions that require treatment and are not known at the time the original procedure is commenced.
8. SPECIALISTS ARE INDEPENDENT CONTRACTORS: Specialists furnishing services to the patient, including the oral surgeon are independent contractors and are not employees or agents of the office. The patient is under the care and supervision of his/her specialist and it is the responsibility of the office to carry out the instructions of a specialist. It is the responsibility of the specialist to obtain the patient's informed consent when required, for specialist dental treatment, including diagnosis, and for office services rendered the patient under the general and special instructions of the specialist.
9. I consent to the use of local, nitrous oxide, intravenous sedation, or general anesthesia. I understand that the use of anesthesia poses inherent risks including vein inflammation (phlebitis), serious permanent injury, and death. I have, or will have, abstained from eating and drinking fluids for eight hours prior to the anesthesia. I have not taken, and will not take undisclosed medications or drugs prior to treatment/surgery. I have not taken any recreational or street drugs.

   I am allergic to____ I have accurately reported my complete health history.
10. Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination; which can be increased by the use of alcohol or other drugs. Thus, I have been advised not to operate any vehicle, automobile, or hazardous devices, or work, while taking such medications and/or drugs, or until fully recovered from the effects of the treatment. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital. I agree not to drive myself home after surgery and will have a responsible adult drive to and from surgery. The driver will stay with me for several hours until I have recovered sufficiently to care for myself if I have received any sedative medications.
11. It has been explained to me and I understand that a perfect result is not and cannot be guaranteed or warranted.
12. I certify that I read and write English and have read and fully understand this "Oral Surgery Statement of Consent."

PLEASE ASK THE DOCTOR IF YOU HAVE ANY QUESTIONS CONCERNING THIS CONSENT FORM.

By signature below I confirm that I have checked the boxes above and that by checking same I confirm that I have read the foregoing sections and understand the treatment to be undertaken, as well as the risks, benefits, and alternatives and consent to the described treatment.

Patient Full Name (Print) ____

Patient Signature ____

Oral Surgeon Signature ____