

Third Molar Extraction Consent Form v1.1



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DENTAL GROUP
SMILE WITH CONFIDENCE

The purpose of this document is to provide written information regarding the risks, benefits and alternatives of the procedure in order to obtain your written consent to proceed with the dental treatment.

The Procedure: The extraction of any or all third molar (wisdom) teeth is to be performed under local anaesthesia. This often involves minor oral surgery via the raising of a gum flap, bone removal and possibly sutures.

Benefits

You might receive the following benefits. The doctors cannot guarantee you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

1. Reduce pain

2. Eliminate infections
3. Prevent periodontal disease
4. Preserve adjacent teeth and bone
5. Eliminate or greatly reduce the chance of further long term swelling and inflammation from the tooth.

Risks

Before undergoing one of these procedures, understanding the associated risks is essential. No procedure is completely risk free. The following risks are well recognized, but there may also be risks not included in this list that are unforeseen by your doctors.

1. Pain, Bleeding, Swelling and inflammation (Common).
2. Facial discoloration or bruising
3. Muscular injury and stiffness
4. Need for additional surgeries
5. Changes in temporomandibular joint function-temporary or permanent

6. Damage to or loss of adjacent teeth
7. Periodontal defects at adjacent teeth
8. Sinus infections (upper teeth)
9. Sinus openings-temporary or permanent (upper teeth)
10. Numbness of chin, lip, teeth or tongue with loss of taste-temporary or permanent (lower teeth). Tingling lips and nerve damage may occur in 7% of cases and usually return to normal within 18 months. Occasionally they are permanent!
11. Leaving root fragments in jaws
12. Jaw fracture

Alternatives

The alternatives to this procedure include:

1. No treatment
2. Control with pain killers, mouthwashes and antibiotics, accepting that this may reoccur.
3. Referral to the local dental hospital. Other anesthetic alternatives

If you decide not to have this procedure, there may be associated risks to this decision. Please discuss it with your dentist.

If you have any questions regarding the procedure, risk, benefits or alternatives to this procedure, ask your physician prior to signing any consent forms.

I have read and understood the above risks and benefits and agree to consent to the procedure. I have had full opportunity to ask questions relating to the procedure.

Name. _____

Signature. _____

Date: _____