



BRIAN HOWE DDS Family Dentistry

Informed Consent

Tooth Removal

I understand that the extraction of a tooth (teeth) has been recommended by my dentist. I have had alternative treatment (if any) explained to me, as well as the consequences of doing nothing about my dental conditions. I understand that treatment may result in, but not be limited to:

- Damage to adjacent teeth or fillings
- Drug reactions and side effects
- Post-operative infection or inflammation
- Formation of blood clots or bleeding requiring more treatment
- Possibility of a small fragment of root or bone being left in the jaw when it's removal is not appropriate (such fragments may work their way partially out of the tissue and need treatment)
- Delayed healing (dry socket) necessitating repeated post-operative care
- Damage to sinuses requiring additional treatment or surgical repair at a later date
- Fracture or dislocation of the jaw
- Damage to the nerves during tooth removal resulting in temporary or possibly permanent numbness or tingling of the lip, chin, tongue, or other areas
- Bruising, swelling, inflammation and pain

I understand the recommended treatment, the fee(s) involved, the risks of such treatment, any alternatives and risks of these alternatives, including the consequences of doing nothing. I have had all of my questions answered, and have not been offered any guarantees.

Patient Signature _____ Date _____

Witness _____ Date _____