Oral Surgery Consent Form

# Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Edward K. Brown Jr. DDS, DMSc and any associates to perform the following procedures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The doctor and or staff have explained to me the proposed treatment and the anticipated results of such treatment. I understand this is an elective procedure and there are other forms of treatment available, including the option of no treatment. These include

1. Injury to a nerve resulting in numbness or tingling of the chin, lip, cheek, gums, and or tongue to the operated side. This may persist for several weeks, months, or in remote instances permanently\_\_\_\_\_\_
2. Postoperative infection requiring additional treatment.
3. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery\_\_\_\_\_\_\_\_
4. Restricted mouth opening for several days or weeks, with possible dislocation of the temporomandibular (jaw) Joint. ­­­­­\_\_\_\_\_\_\_\_\_
5. Injury to the adjacent teeth and fillings\_\_\_\_\_\_\_\_
6. In rare circumstances, cardiac arrest or breakage of the jaw.\_\_\_\_\_\_\_\_\_\_
7. Post-operative discomfort, swelling, and bleeding that may necessitate several days of recuperation\_\_\_\_\_
8. Decision to leave a small piece of the root in the jaw when its removal requires extensive surgery.\_\_\_\_\_\_\_\_\_
9. Stretching of the corners of the mouth with resultant cracking and bruising.\_\_\_\_\_\_\_\_\_\_

Unforeseen condition may arise during the procedure that requires a different procedure than as set forth above. I therefore authorize the doctor and any associate to perform such procedures when, in their professional judgment, they are necessary. I understand that the medications, drugs, anesthetic, and prescriptions taken this procedure may cause drowsiness and lack of awareness and coordination. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and not to operate any vehicles, automobiles or hazardous devices while taking such medications and until fully recovered from their effects. I have also advised not to smoke for two weeks after the surgery.\_\_\_\_\_\_\_\_\_\_\_\_\_

It has been explained to me and I understand that a perfect result is not guaranteed or warranted.

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Signature­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_