

# Artistic Dentistry of Atlanta

Dr. Peter V. Vanstrom, D.D.S.

## INFORMED CONSENT FOR TOOTH EXTRACTION

My dentist has recommended that extraction is an option for tooth # \_\_\_\_\_.

Alternatives to extraction:

- A. Implant Solution
- B. Root canal treatment
- C. Crown/Bridge/Filling
- D. Do nothing
- E. Tooth cannot be restored
- F. Other \_\_\_\_\_

Because of the wide differences among people and dental conditions, a successful outcome cannot always be obtained. This is true even for routine procedures. Sometimes, unexpected results occur. You should be aware of this potential before agreeing to continue. Here are some of the more common (but not all) complications for extractions:

- A. Damage to nearby teeth
- B. Pain, swelling, bruising, infection, prolonged bleeding
- C. Dry socket (pain in the hole where the tooth was extracted)
- D. Parts of the tooth may break off and may not be removed
- E. Permanent or temporary numbness to the cheeks, lips, tongue, teeth, gums
- F. Openings into the sinus (when upper teeth are extracted)
- G. Jaw dislocation or fracture
- H. TMJ problems (the joints in front of your ears)
- I. Stretching of the corners of the mouth with resultant cracking and bruising
- J. Restricted mouth opening for several days or weeks.

I understand that the medical-dental personnel and others will rely on the statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure of the course of treatment for the patient's condition and in recommending the procedure, which, has been explained.

I understand that the practice of dentistry and medicine is not an exact science and that NO GURARANTEE OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

I understand that during the course of the procedure described, it may be necessary or appropriate to perform additional procedures which are unforeseen. I consent to and authorize the persons described

herein to make the decisions concerning such procedures. I also consent to and authorize the performance of such additional procedures, as they deem necessary or appropriate.

I understand that bone enhancement, socket preservation or ridge augmentation to the extraction site may be deemed necessary. I consent to the addition of autogenous, allogenic, xenograft or alloplastic bone graft material according to the judgment of my doctor.

If I am currently taking blood thinners (Ex: Warfarin), I understand that I need to obtain an INR 24 hours prior to having surgery. If the INR is deemed too high, I understand that I may not be able to undergo the procedure, and/or I may have post-operative bleeding complications.

I understand that smoking, alcohol and sugar intake may adversely affect healing and increase the likelihood of post operative infections, which may limit the success and prognosis of the surgery and future treatment performed. I agree not to smoke for 2 weeks following surgery.

I consent to photographs, recording, and x-rays of the procedure to be performed for the advancement of dentistry.

By signing this form, I acknowledge that I have read or had this form read and/or explained to me, that I fully understand the contents, that I have been given ample opportunity to ask questions and that all questions have been answered satisfactorily. I also have received additional information including but not limited to the materials listed below, related to the procedures described herein, I have had the opportunity to evaluate the credentials and educational background of the treating doctors.

I hereby voluntarily request and consent to the performance of the procedures described or referred to herein by Dr. Peter Vanstrom involved in the course of my treatment.

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Patient (Printed name)

Date

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Patient Signature

Relationship to patient if not the patient:

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Witness

Date

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Doctor

Date