

INFORMED CONSENT FOR TOOTH EXTRACTION

I, _____, hereby acknowledge that the following information prior to tooth extraction has been explained to me:

Before the Procedure

- A pre-treatment xray is taken
- A local anaesthetic will be given to numb the area
- After 15 minutes, the area will be checked for the effectiveness of the anaesthetic.

During the Procedure

- Extra care is taken to ensure that the extraction goes smoothly as much as possible.
- ***In rare occasions that a tooth defies extraction, you may be referred to an oral surgeon to complete the procedure.***

After the Procedure – What to Expect

- Bleeding – it is normal for the saliva to be streaked with blood for a day
- Some swelling or soreness
- Prescription for antibiotics or pain killers as needed.
- You will be given specific care instruction.

Possible Complications After Tooth Extraction

- ***Infection*** – *If you continue to experience pain despite of antibiotics, you must return to our office for further examination and treatment*
- ***Root tip Left in*** – *Occasionally, a root tip may get separated from the main body of the tooth. Most times, this is of no significance as the root tip is normally retrieved. In some occasions, the root tip may be best left behind due to proximity to some other important structure in the area.*

Possible Future Treatment – The following treatment options must be done as soon as possible in order to maintain the harmony of the bite occlusion.

- Implant
- Fixed Bridge
- Dentures

I confirm that I read and understood the above information. I therefore give my consent to proceed with the treatment.

Patient/Guardian's Signature

Date