

Nosehill Dental Centre

Family Dentistry

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TOOTH EXTRACTION INFORMATION SHEET

I understand that there are potential risks in any treatment plan or procedure, and that in this specific instance such operative risks may include, but are not limited to the following:

- Post-operative bleeding and swelling and soreness of the jaw
- Dry socket or delayed healing
- Infection and possible need for antibiotics or pain medication
- Injury to neighboring teeth, fillings or crowns
- Sinus Injury
- Jaw Injury
- Mandibular Nerve Injury: Tingling or numbness of surrounding skin and tissues. The duration of such numbness is in most cases temporary, but in rare instances it can be permanent.
- Loss of tooth or tooth fragments into surrounding tissues or spaces
- Decision to leave small piece of root in the bone when its removal would increase the risk of complications
- Any of these complications may require referral to an Oral Surgeon's office
- Increased chewing forces and potential shifting of neighboring teeth

Other treatment options (including no treatment) and their consequences have been explained to me.

I have given a full and accurate report of my medical history, including allergies, conditions, medications and history of illness.

I understand the above and agree to undergo the procedure.

Patient Signature: _____

Patient Name: _____

Witness: _____

Date: _____