



Informed Consent for Oral Surgery Procedures

RISKS:

- (a) Patients should assume that there will always be pain and/or discomfort and/or swelling, and/or bruising. The duration will sometimes be for 2 weeks or even more.
- (b) Infection of the surgery site. This may cause some pain and discomfort, but is usually easily managed by the oral surgeon/ dentist.
- (c) Biting of the numb lip which may cause damage after the surgery. Children should be watched closely by your parent/ guardian until the numbness wears off.
- (d) There may be mobility and/or hypersensitivity of the teeth in and around the surgical site and this may be temporary or permanent. This may necessitate further treatment to the teeth and/or restorations, in which case additional charges will apply.
- (e) **This consent form should be read in conjunction with our consent form for Local Anaesthetics.**

Success of Oral Surgery Procedure

The long term success of any periodontal or oral surgery procedure depends on a variety of factors

Extent of disease	Presenting condition
Complexity of the lesion	Plaque control
No Smoking	Diabetes
Regular Hygienist appointments	Regular Dental Checkups
Following Post treatment advice and instructions	Genetic Factors
General health	Medications taken

PATIENT CONSENT: by my signature below, I expressly acknowledge that:

The dentist has explained the likely outcomes and possible complications of each alternative option. The dentist has explained my prognosis and the risks of not having the procedure.

The dentist has made leaflets and other relevant information available to me to help with my decision making.

The dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment and/or seek a second opinion.

The dentist has also explained the **importance of following the post treatment instructions** and especially returning for a review after the surgery to discuss further treatment and/or management related to my Dentalcare.

The dentist has explained any significant risks and problems associated with surgery specific to me, and the likely outcomes if complications occur.

The dentist has explained the options for anaesthesia (local, sedation, general) and problems specific to each choice, and the likely outcomes if complications occur.

The dentist has explained the options for referral to a specialist Oral/MaxFax Surgeon for treatment or simply for a 2nd opinion.

The dentist has explained it is very important to read, understand and follow the post surgery treatment instructions. These will be given to you, and if you lose them or do not have them then it is essential that you ask for a copy. If you have any problems or questions then feel free to ask us (phone call after hours is fine too). Following the post treatment instructions is an essential way to prevent most of the complications associated with Surgery and Local Anaesthesia (Injections).

The dentist has explained the importance of returning for a review appointment after the surgery, when the site can be checked and future treatment option discussed.

The Dentist has explained to me that the procedure can be stopped at any time. The patient only needs to say stop, put up a hand, shout or make another signal etc. We say again, the patient can decide to stop the procedure at any time and for whatever reason they wish. We will always respect the patient's decision.

You have given us an up to date account of your medical and dental history, especially about and recent changes.

I confirm that I am not taking, nor have ever taken any medication that includes Bisphosphates. This is very important as this particular medicine can cause very serious complications after surgery that can involve hospital admissions.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead. (CF Oral Surgery)

Name of Patient : _____ Date of Birth:- _____

Signature : _____ Date : _____