



# The Hub Dental Practice



Love Your Smile

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Dr Ezgi Cilingir, PLT Dental Implants & Periodontics  
Dr Jonathan Harper, PLT Endodontics  
Dr Jaime De Castro Torres, SI Dental Implants

## Informed Consent for Oral Surgery

Type of procedure and any other notes/advice:

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### RISKS:

There are some risks / complications, which include:

**(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) 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)

### Options for treatment

The dentist has explained the alternatives Surgery.

The dentist has explained the alternatives to Surgery including no treatment.

The dentist has explained the options for future treatment needs.

**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 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 or seek a second opinion.

The dentist has also explained to me the options and complications related to the surgery.

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 Surgeon for treatment or simply for a second opinion.

**The dentist has explained the importance of following the post surgery leaflet instructions and any additional instructions that are given verbally.**

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 the options for waiting before I make my decision.

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

You understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The dentist has explained other relevant treatment options and their associated risks. The dentist has explained my prognosis and the risks of not having the procedure.

You were able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options. And that your questions and concerns have been discussed and answered to your complete satisfaction.

You understand that other dental procedures may be done if further dental disease is found during the procedure, or to correct other problems in my mouth. And that you understand that if teeth are removed during the dental treatment, that these may be retained for training purposes and then disposed of sensitively.

You understand that no guarantee has been made that the procedure will improve the condition, and may even make your condition worse.

**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 complications after surgery that can involve hospital admissions.**

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE LISTED HEREIN (Surgery)**

**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 :** \_\_\_\_\_