

# AUSTIN PERIODONTAL ASSOCIATES: Dr. Andrew D. Verrett

## PATIENT'S CONSENT FOR TOOTH/TEETH EXTRACTION(S)

**Diagnosis:** After a careful oral examination and study of my dental condition, my periodontist has advised me that I have a tooth or teeth with a hopeless prognosis due to one or more of the following reasons:

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| <input type="checkbox"/> Advanced Periodontal Disease (bone loss around tooth with mobility) | <input type="checkbox"/> Fracture of the tooth     |
| <input type="checkbox"/> Non-restorable carious decay  | <input type="checkbox"/> Orthodontics/malalignment |
| <input type="checkbox"/> Non-treatable endodontic condition                                  | <input type="checkbox"/> Residual root tip         |
| <input type="checkbox"/> Internal or External resorption                                     | <input type="checkbox"/> Oral Pathology            |
| <input type="checkbox"/> Impaction (e.g. wisdom teeth)                                       | <input type="checkbox"/> Continued Pain            |

**Recommended Treatment:** In order to treat this condition, my periodontist has recommended that my treatment include extraction of this tooth/these teeth to improve my oral health. I understand local anesthetics, antibiotics and other substances may be applied to the healing sites and/or prescribed systemically.

**Surgical Phase of Treatment:** For extraction of residual roots and impacted teeth, the gum tissue will be opened to allow access to the tooth or root for extraction. To facilitate removal, some teeth may need to be sectioned and small amounts of bone removed. In some cases there may be a need for supplemental procedures to remove broken or sectioned aspects of a tooth, as well as regenerative procedures to ensure proper healing of the jaw bone as in cases where dental implants may be placed in the future. These include supplemental bone grafts or other types of grafts to build up the bone ridge of my jaw and thereby assist in surgical closure and preservation of the jawbone. Following the procedure, a suture(s) may be placed along with a dressing.

**Expected Benefits:** The purpose of extraction is to remove the source of an infection and/or pain if no other treatment is indicated. Teeth may also be removed to eliminate oral pathology or cancer.

**Principal Risks and Complications:** I understand that complications may result from an extraction, drugs, and anesthetics. These complications include, but are not limited to: post-surgical infection, bleeding, swelling, pain and facial discoloration; for mandibular (lower) teeth: transient but occasional permanent numbness of the lip, tongue, teeth, chin or gum, jaw joint injury or associated muscle spasm; transient but occasional permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet and acidic foods, cracking, stretching or bruising of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, injury to adjacent teeth; for maxillary (upper) teeth: displacement of root tips into the maxillary sinus or a residual sinus exposure requiring a second surgical procedure, bone fractures, delayed healing and accidental swallowing of foreign matter. In very rare cases it may be necessary to leave a small piece of a root or tissue if it is felt that the surgical procedure to retrieve it is too extensive. For patients who are taking or have taken medications (pills or injectable/intravenous) for cancer or osteoporosis such as bisphosphonates (Prolia, Fosamax, Didromel, Boniva, Aredia, Actonel, Skelid, Reclast and Zometa etc.) there is an increased risk for osteonecrosis or loss of bone, or part of the jaw due to non-living bone tissue. Treatment for osteoporosis can be very easy to manage or very difficult and painful. The exact duration of any complications cannot be determined, and they may be irreversible.

**Alternatives to Suggested Treatment:** Alternative treatment includes – No Treatment. However, continued infection may erode the jaw bone could affect adjacent teeth.

**Necessary Follow-Up Care and Self Care:** I will need to come to my appointments following my extraction(s) so that my healing may be monitored and so that my periodontist can evaluate and report on the outcome of extraction upon completion of healing. Smoking or alcohol consumption may adversely affect gum healing and may limit the successful outcome of my extraction. I know that it is important to 1) abide by the specific prescriptions and instructions given by the periodontist and to 2) see my periodontist and dentist for periodic examination and prevention treatment. Maintenance also may include adjustment of prosthetic appliances. I understand that personal daily care recommended by my periodontist and taking all prescribed medications are important to the ultimate success of the procedure. I have received written pre-surgical and post-operative care instructions.

**No Warranty or Guarantee:** I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences a periodontist cannot predict certainty of success. There exist the risks of failure, relapse, additional treatment, or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

**Publication of Records:** I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry. My identity will not be revealed to the general public without my permission.

**I HAVE BEEN FULLY INFORMED OF THE SURGICAL PROCEDURE, BENEFITS, RISKS AND ASSOCIATED PROCEDURES. I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND HAVE HAD ADEQUATE TIME TO REVIEW THIS DOCUMENT. I WILL COMPLY WITH THIS DOCUMENT AND MY PERIODONTIST/STAFF HAS ANSWERED ALL MY QUESTIONS TO MY SATISFACTION.**

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Patient's Printed Name

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Signature

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Date

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Witness Printed Name

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Doctor's Printed Name

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