
Patient Name

Information Sheet for Extractions

1. What is informed consent: It is very important for you to understand your disease and the necessary procedures that you will undergo in treating your condition. We want you to be aware of all the advantages and disadvantages of each procedure as well as alternatives. This document in no way obligates you to any treatment. It is meant solely to inform. We hope it will answer your questions or generate new ones which we will be glad to discuss with you.

2. Why do I need my tooth removed? There are many reasons that require a tooth to be removed. Untreatable pain, bone loss or decay are some of them. In your particular case, the extraction(s) is (are) necessary because:

- bone loss
- nonrestorable
- to improve prognosis of adjacent teeth
- pain
- malposition
- infection
- decay
- impaction
- root canal failure
- fracture
- mobility
- other _____

There may be **options to extraction**. In your case these may include:

- periodontal surgery
- root canal therapy
- crown lengthening surgery
- splinting
- root resection
- no treatment
- restoration
- other _____

3. Will it hurt? No. Your tooth and gum will be numbed before the extraction. You will feel pressure during the procedure, but you will not feel pain. If you feel anything more than pressure, let the doctor know immediately.

There is potential for discomfort after the procedure. We may give you a prescription if your condition warrants.

4. Are there risks to extraction? Complications from tooth removal are not common and some are extremely rare. Possible problems which could arise are listed below.

- bleeding which may be difficult to control
- dry socket
- pain and swelling
- infection
- damage to adjacent teeth or restorations
- bruising
- nerve damage(partial or complete numbness or pain)
- damage to the bone, ridge or jaw
- allergy to medication or anesthetic
- anesthetic complications

5. Tooth replacement. The extraction of your tooth may require replacement of the tooth. Various options for restoration are possible. These may include fixed bridgework, dental implants or removable restorations. Follow up within a few months is generally required to avoid shifting and movement of teeth and changes in your "bite".

6. Complications: With all surgical procedures, complications beyond what has been listed can occur that are unforeseen, complex and serious. These situations may require the referral to other health professionals and may require hospitalization

7. Conclusion: I have been fully informed of the nature of periodontal therapy, the procedures to be utilized, the risks and benefits, the alternatives available and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of therapy as presented to me during consultation and in the treatment plan presentation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

8. Additional comments: _____

I certify that I have read and fully understand this document.

Date

Signature

Witness

Printed Name

Printed Name of Witness