

# METROWEST ORAL SURGICAL ASSOCIATES

## CONSENT FOR ORAL SURGERY AND ANESTHESIA

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I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_, DMD and any such assistants selected by him to treat the following conditions: \_\_\_\_\_.

I understand the procedure to treat this condition will be \_\_\_\_\_.

Other possible treatment plans (e.g. root canal therapy, periodontal therapy) have been discussed along with their attendant risks and/or benefits, as well as the risks and benefits of having no treatment performed at all. I also consent to the administration of general/local anesthesia in connection with the procedure as deemed advisable except for those to which I am allergic. It has been explained to me that during the course of surgery, unforeseen conditions may be revealed which may necessitate extension of the original procedure or a different procedure from that which was planned. In rare cases, it may not be possible to continue with the procedure. I authorize my doctor and his/her staff to perform such procedures that are necessary and desirable in the exercise of professional judgment.

I understand that there are certain inherent risks with the planned procedure. These risks include, but are not limited to, the following:

- a. Post-operative discomfort and swelling which may necessitate several days of home recuperating.
- b. Bleeding that may be heavy or prolonged.
- c. Damage to adjacent teeth, fillings or caps and their supporting structures.
- d. Decision to leave a small piece of root in the jaw when its removal requires extensive surgery.
- e. Injury to the nerve underlying the teeth resulting in numbness or tingling of the chin, lip, cheeks, gums, teeth and/or tongue on the operated side; this may persist for several weeks, months and/or in remote instances, permanently.
- f. Post-operative infection requiring additional treatment.
- g. Restricted mouth opening; sometimes related to swelling and muscle soreness and sometimes related to stress on the joint of the jaw (TMJ) may contribute to a new or exacerbate an existing joint condition.
- h. Opening of the sinus (a normal cavity above the upper teeth) requiring additional surgery.
- i. Stretching of the corners of the mouth that may cause cracking and bruising and may heal slowly.
- j. Fracture of the jaw (in more complicated extractions).

Anesthesia risks include, but are not limited to, the following:

- k. Intravenous medications may cause discomfort at the injection site or along the vein (i.e., phlebitis) as well as discoloration of the site of injection. Additionally, as with any anesthetic, more serious complications may occur such as allergic reactions, brain damage, heart attack or death.
- l. In connection with administration of intravenous sedation and/or general anesthesia, I agree and understand that I have not had anything to eat or drink for at least six (6) hours before my surgery.
- m. Anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination which can be increased by use of alcohol or other drugs. Thus, I have been advised to not operate any vehicle or hazardous device or work while taking such medications or until fully recovered from the effect of same (at least 24 hours).
- n. I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted.

I certify that I have fully read and understand this consent and that I have had the opportunity to ask questions regarding the procedure and administration of anesthesia as delineated above, and that these questions have been answered to my satisfaction.

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Signature

Date

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Witness and/or Doctor

Date

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Doctor

Date

**\*\*PLEASE DO NOT HESITATE TO ASK THE DOCTOR ANY QUESTIONS REGARDING THIS CONSENT FORM.\*\***