

**CONSENT FOR ORAL SURGERY  
AND DENTAL EXTRACTIONS**

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed treatment:                      Extraction/Oral Surgery                      Tooth Number: \_\_\_\_\_

Dr. Braganza has explained to me, to my satisfaction, the dental treatment indicated above.

- The Nature of my condition
- The alternatives to an extraction
- The risks associated with each alternative

I understand that Dr. Braganza will take every reasonable precaution to avoid problems and reduce The risks associated with my surgery. I also understand that it is realistic to assess risks associated with this treatment, just as with any surgical procedure.

I understand that oral surgery and/or dental extractions include possible risks such as, but not limited to the following.

- 1. Injury to Nerves:** This could include numbness of the lips, tongue, any tissues of the mouth, cheeks, and/or face. The possible numbness may be temporary, or could be permanent, and may be the result of surgical procedures or anesthetic administration.
- 2. Bleeding, bruising and/or swelling:** Bleeding may last for several hours. Some swelling and/or bruising/haematomas are normal and may persist for some time. It is also normal to experience a sore jaw due to the nature of oral surgery and/or extractions.
- 3. Dry Sockets:** This occurs on occasion when teeth are extracted and is a result of a blood clot not forming properly in the healing process. Dry sockets can be extremely painful.
- 4. Sinus involvement:** In some cases, the root tips of upper teeth lie in close apposition to the tissues of the sinuses. The sinus membranes may be perforated during extractions or surgical procedures. Should this occur surgical repair of the sinus might be necessary.
- 5. Infection:** Due to existing non-sterile/infected oral environment, infections may occur postoperatively. At times, these may be serious.
- 6. Fractured jaw, roots, bone fragments, or instruments:** Although extreme care is always used, the jaw, teeth roots, bone spicules or instruments used in the extraction procedures may fracture, requiring referral to a specialist. A decision may be made to leave a small piece of root, bone fragment or instrument in the jaw. This may be necessary when removal may require additional extensive surgery that could cause more harm and add to the risk of complications.
- 7. Injury to adjacent teeth fillings:** This could occur at times no matter how careful surgical and/or extraction procedures are performed.
- 8. Bacterial Endocarditis:** (infection of the heart): Because of the normal existence of bacteria in the oral cavity, the tissues of the heart may be susceptible to bacterial infection transmitted through blood vessels and bacterial endocarditis could occur.
- 9. Unknown reactions to medications given or prescribed:** Mild or severe reactions are possible from anaesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions. Women should be aware that antibiotics could render oral contraceptives ineffective.

It is my responsibility to seek attention should any undue circumstances occur postoperatively and I shall diligently follow any preoperative and postoperative instruction given to me.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of oral surgery and/or extraction of teeth and have received answers to my satisfaction. I have been given the option of seeking care from an oral and maxillofacial surgeon. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the outcome of the above treatment or my recovery. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent and authorization to Dr. Braganza to render any necessary or advisable treatment for my dental condition, including any and all anaesthetics and/or medications.

\_\_\_\_\_  
Patients Name  
(Please Print)

\_\_\_\_\_  
Signature of patient  
Legal Guardian,  
Or authorized representatives

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnesses Name  
(Please print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

As part of this agreement I give my personal pledge, as a health care professional dedicated to the well being of my patients, to make that \_\_\_\_\_  
Receives the best possible care with the least possible risk.

\_\_\_\_\_  
Dr. Annabel Braganza

\_\_\_\_\_  
Date