GLANCE DENTAL

EXTRACTION: Informed Consent

Reasons for recommending extraction of a tooth:

- Severe periodontal disease
- Irreversible damage to the nerve tissue inside tooth
- Failed endodontic therapy
- Extreme fracture or decay of the tooth or for orthodontic

I have been informed of the reason for extraction of tooth#_____ and have been explained what to expect during this procedure. I understand that dental radiographs will be required prior to this extraction, and possibly during the procedure. I understand that I will require an anesthetic and that sutures may be necessary.

I have been given and understand the postoperative instructions. I also understand that if I have been given an antibiotic medication, that I am to take it until the entire prescription is completely finished. If I have prescribed a pain medication, I will take it only if necessary. If the pain medication contains a narcotic such as codeine, operating machinery or driving a motor vehicle will be dangerous and could cause harm to others or myself.

I expect bleeding from the extraction site for the first 24hours.

If I prefer, I can request that an oral surgeon do the extraction.

Some complications of routine extractions include, but are not limited to:

- Fracture of adjacent teeth or restorations
- Postoperative pain-slight, moderate, or severe and lasting from hours to days
- Postoperative swelling at and around the extraction site
- Separate root tips or fragments, separate bone fragments
- Temporary or permanent nerve damage to the area resulting in numbness
- Incomplete healing resulting in severe pain (dry socket)
- Fracture of surrounding bone
- Sinus involvement or sinus exposure

I have read and I understand the above information. I have no further questions about the extraction of tooth#_____, and I give permission to have the tooth extracted.

_____ _____

Print name of Patient Print name of Guardian if minor

_____ _____

Patient/Guardian Signature Date