



Please read consent form. Signatures will be required at the office the day of your procedure.

INFORMED CONSENT FOR EXTRACTION(S)

I understand that there may be alternatives to the extraction of the teeth. After considering the various options, I have chosen extraction(s). I hereby give permission to Dr. Miller to perform EXTRACTION(S) on the following teeth: _____

_____ and such additional procedures as are considered necessary on the basis of the clinical findings of the doctor.

I understand there are various inherent or potential risks that can occur as a result of said procedure(s) despite all efforts to the contrary which include but are not limited to:

1. pain, swelling, bleeding, sensitivity, infection, numbness (paresthesia) and/or bruising which may require additional treatment
2. changes in occlusion (bite), jaw muscle cramps and stiffness which may require additional replacement
3. fracture of nearby teeth and restorations which may require additional treatment
4. drug reactions and side effects
 - Some research indicates that antibiotics may inhibit the effects of birth control pills and other methods of contraception must be utilized during the treatment period
5. post-operative bleeding or infection that may require additional treatment
6. involvement of the nerve within the lower jaw resulting in temporary (but possible permanent) tingling and/or numbness in the lip, chin, tongue, gums, cheeks and teeth
7. root tips may fracture and be left in place or could be displaced into the sinuses and/or spaces nearby which may require additional treatment
8. aspiration and/or swallowing of foreign objects which may require additional treatment
9. delayed healing (dry socket) necessitating additional post-operative care
10. necessary removal of bone during tooth extraction

The dental care and treatment to be performed has been explained to me and I understand what is to be done. This is my consent for said procedure(s), anesthetics and x-rays to be taken. I hereby acknowledge I have completely read and understand the forgoing; have been given the opportunity to discuss this form and question the dentist concerning the nature of treatment, the inherent risks of the treatment, and the alternatives to this treatment, and have been given satisfactory answers and agree to proceed with recommended procedure(s). I am aware the practice of dentistry is not an exact science, like other healing arts, results cannot be guaranteed.