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### EXTRACTIONS INFORMED CONSENT AND PERMISSION FORM

Before you give permission for the removal of teeth, impacted teeth, or teeth buried beneath the gums, you should understand that there are certain associated risks.

We will be extracting teeth #'(s): \_\_\_\_\_

Common risks include, but are not limited to:

1. Drug reactions and side effects.
2. Damage to adjacent teeth or fillings.
3. Postoperative infection.
4. Postoperative bleeding that may require treatment.
5. Possibility of a small fragment of root being left in the jam, causing its removal to require extensive surgery.
6. Delayed healing (dry socket) necessitating frequent postoperative care.
7. Possible involvement of the sinus during removal of upper molars, which may require additional treatment or surgical repair at a later date.
8. Possible involvement of the nerve, including, but not limited to the removal of lower molars resulting in temporary or possible permanent tingling or numbness, or pain of the lower lips, chin or tongue on the operated side.
9. Bruising and/or vein inflammation at the site of administration of intravenous medications, which may require further treatment.
10. Possible breakage of the jaw.
11. As a result of the injection or use of anesthesia at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, that is usually temporary. In rare instances such as numbness may be permanent.

I hereby acknowledge that I have completely read the foregoing, have discussed any questions or concerns that I may have regarding my proposed surgery/ dental treatment, and have been given satisfactory answers. I am aware that the practice of dentistry is an inexact science and that no guarantees can be provided, and none have been made to me.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date