

Informed Consent and Permission Form

When you give permission to have oral and maxillofacial surgery procedures performed, you or your guardian should understand the most common risks and hazards of the operations. These are all rather infrequent, but any may occur.

1. Damage to adjacent teeth and fillings.
2. Postoperative discomfort, swelling, and bruising of the tissues which may necessitate several days of home recuperation.
3. Post operative bleeding that may require treatment.
4. Post operative infection requiring additional treatment.
5. Possibility of a small piece of root being left in the jaw when its removal would require extensive surgery.
6. Delayed healing (dry socket) necessitating frequent postoperative care.
7. Injury to the nerve underlying the teeth in lower jaw resulting in altered sensation or numbness to the lower lip or chin, and/or tongue on the operated side.
8. Opening into the sinus (a normal cavity situated above the upper teeth) requiring additional surgery or medication.
9. Drug reactions and/or side effects.
10. Other:

Circle One – (Patient’s) or (Legal Guardian’s) Signature

Date

Printed Name

Witness

Date