

**Innovative Dentistry
Oral Surgery Consent
Angela M. Catalano, DMD**

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and about the recommended surgical, medical, or diagnostic procedures to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you can give or withhold your consent to the procedure.

I _____ voluntarily request Dr. Angela M. Catalano, technical assistants, and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

Non-restorable, Periodontally-involved, and/or Impacted Teeth _____

I(we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me(us), and I(we) voluntarily consent and authorize these procedures under local anesthesia.

Surgical Extraction of Teeth _____

I(we) understand that my doctor may discover other or different conditions which require additional or different procedures than those planned. I(we) authorize my doctor and such associates, technical assistants, and other health care providers to perform such other procedures which are advisable in their professional judgment.

I(we) understand that no warranty or guarantee has been made to me as to result or cure. I(we) have been given both oral and written post-operative instructions, and I(we) agree to personally contact Dr. Catalano in the event I(we) have a problem. I(we) will follow her instructions until that problem has been satisfactorily resolved. I(we) realize that in the event I(we) develop certain complications, I(we) may miss school or work schedules or I(we) may incur additional, unexpected expenses, including, but not limited to, expenses for other dentists, doctors, or medical facilities. I(we) have chosen Dr. Catalano from the alternatives I(we) have been offered to perform my dental surgery. I(we) understand that Dr. Catalano is a General Dentist. Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I(we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, pain, swelling, bleeding, bruising, allergic reactions, and even death. I(we) also realize that the following risks and hazards may occur in connection with this particular procedure:

- _____ 1. Temporary or permanent nerve injury resulting in altered sensations or numbness of the lips, chin, tongue, teeth, and/or gums.
- _____ 2. Damage to adjacent teeth and/or dental restorations.
- _____ 3. Soreness at injection sites and/or along veins, as well as discoloration of the injection sites, face, and/or jaws.
- _____ 4. Opening of the sinus requiring additional treatment.
- _____ 5. Jaw fracture, muscle spasms, and/or limited opening of jaws for several days or weeks.
- _____ 6. Small root fragments remaining in the jaw due to an increased possibility of surgical complications.
- _____ 7. Jaw joint (TMJ) tenderness, soreness, pain, or locking, which may be temporary or permanent.
- _____ 8. Inflammation, dry socket

Risk Factors: Epinephrine (EPI) can cause increased heart rate, normal when receiving an injection. It should subside in 15 minutes. Anterior region injections can hit the nerve artery and cause a minor bloody nose.

I(we) have been given an opportunity to ask questions about my(our) condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I(we) believe that I(we) have sufficient information to give this consent. I(we) certify this form has been fully explained to me(us), that I(we) have read it or have had it read to me(us), that the blank spaces have been filled in, and that I(we) understand its contents.

Signature of Patient/Parent: _____ Date: _____ Witness: _____