

Surgical Informed Consent

Even with proper care operations carry some risk and complications may occur.

After surgery, you must cleanse the mouth thoroughly after food intake. If anything clings to the stitches or extraction site, the gum tissue or surgery site, infection or delayed healing may result.

There is often some bleeding afterwards, but this will be slight and will stop by itself after a few hours. If heavy or moderate bleeding persists contact our office immediately. The Doctor is always available should there be a problem.

Unusual reactions, either mild or severe, may possibly occur from anesthetics, or with medications administered prescribed. All prescription drugs are to be taken as instructed. Women taking oral contraceptives must be aware that antibiotics can render contraceptives ineffective. Other forms of contraceptives must be utilized during the treatment period.

It is my responsibility to inform the Dentist of any heart problems known or suspected.

I understand that it is my responsibility to seek attention should any circumstances occur post-operative. I shall diligently follow all post-operative instructions given to me.

The fees for this service have been explained to me and are satisfactory.

I acknowledge that Dr. Samra and his associate are not specialized oral surgeons, but rather general dentists who have performed numerous successful surgical procedures.

By signing this form I am freely giving my consent to allow Dr. Samra, or his associate to render any treatment necessary or advise me to my dental conditions, including all anesthetics and/ or medication.

I _____ have had an opportunity to read the information given to me on this consent form and clearly understand the risks and reasoning for the extraction(s).

Patient signature

Date

Witness signature

Date