

**Center for Oral and Facial Surgery
Associates in Oral & Maxillofacial Surgery, P.C.**

**CONSENT FOR EXPOSURE, UNCOVERING AND/OR BRACKETING OF
UNERUPTED TEETH & ANESTHESIA**

You have the right to be informed about your condition and the recommended treatment plan so that you may make an educated decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

Patient Name: _____ Account #: _____

I hereby authorize Dr. _____ and staff to perform the following procedure: _____ and to administer the anesthesia I have chosen, which is:

local anesthesia nitrous oxide/oxygen analgesia intravenous sedation general anesthesia

All surgeries have risks. The most common risks for this procedure include the following:

1. I have been informed of possible alternate methods of treatment, if any, including:

_____ I understand that these other forms of treatment, or no treatment at all, are choices that I have and the risks of those choices have been presented to me.

2. Swelling, soreness, bruising, stiffness of jaw muscles and jaw joints (TMJ), unexpected drug reactions or allergies, breaking of the jaw or parts of the bone supporting teeth, and difficulty eating for a number of days. You may get an infection after the procedure that may need more treatment.
3. The roots of the lower teeth might be very close to the nerve. After the surgery, there might be pain or a numb feeling in the chin, lip, cheek, gums, teeth or tongue. It is possible that you might lose your sense of taste. These things might last for weeks or months. It can be permanent, but this rarely happens.
4. Injury or damage to tooth roots that are close by. You may later need root canal treatment, or even lose certain teeth.
5. Usually only one incision (cut) is needed to get to the buried tooth. Sometimes the position of the tooth below the gum is complicated enough that two or more incisions are needed to get to it.
6. When nearing the upper back teeth, there is a chance that the sinus (a hollow place above the roots of the upper back teeth) may be entered. If this happens you may need medications or more treatment. An opening between the mouth and sinus may be formed that would need more care. Rarely, the same thing may effect the nasal cavity.
7. Often a bracket or a wire or fine chain is attached to the unerupted tooth and then to a part of your orthodontic braces to pull on the unerupted tooth. This may cause your tongue, lips or cheeks to become sore and might interfere with eating or speech. You will usually adjust to this situation fairly quickly. Once in a while the applied bracket will come off the unerupted tooth and must be re-attached.

Initial: _____

8. Although we won't know beforehand, sometimes the unerupted tooth won't move. If so, the tooth may be left in place, or, if necessary, it may need to be removed.
9. **ANESTHESIC RISKS** include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although uncommon, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, does carry with it the rare risks of heart irregularities, heart attack, stroke, brain damage, and even death.
10. **YOUR OBLIGATIONS IF IV ANESTHESIA IS USED**
 - A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until your are sufficiently recovered to care for yourself. This may be up to 24 hours.
 - B. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
 - C. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING.**
 - D. However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications provided by this office, using only a **small sip of water**.
11. It has been explained to me, and I fully understand, that a perfect result is not or cannot be guaranteed, and I give my free and voluntary consent for treatment. I realize that my doctor may discover conditions requiring different surgery from that which was planned, and I give my permission for those additional procedures that are advisable in the exercise of professional judgement.

PLEASE ASK YOUR DOCTOR IF YOU HAVE QUESTIONS CONCERNING THIS CONSENT FORM.

My signature below signifies that all my questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved of the proposed surgery and anesthesia. I certify that I speak, read and write English.

Patient's or Legal Guardian's Signature

Date

Witness' Signature

Date

Doctor's Signature

Date

If surgery date is different than date above, I have had the opportunity to again review, discuss, and change this informed consent.

Patient's or Legal Guardian's Signature

Date