Consent Form for Third Molar Surgery

The surgical procedure that is to be performed has been explained to me and I understand the nature of my condition and of the proposed treatment. I also understand what health risks exist if the procedure is not done, such as pain, infection, decay, damage to other teeth, and a more difficult surgery as I get older.

I agree to the administration of local anesthesia and other therapeutic measures as discussed that may be necessary for my comfort, safety, and well-being.

I realize that occasionally there are complications with this surgery and the medications. The more common complications include pain; swelling; bleeding; dry sockets; limited mouth opening; infection; bruising and discoloration of the skin; and temporary numbness and/or tingling of the lip, chin, gums, cheek, teeth, or tongue.

In some cases, even with the utmost care there can be referred pain to the ear or neck; stiffness of the neck and facial muscles; changes in the bite and temporomandibular joint (TMJ); nausea; allergic reactions; bone fractures; injury to adjacent teeth; delayed healing; and permanent numbness of nerves in the facial area. Sinus complications which may occur from the removal of upper teeth include a root tip or tooth in the sinus, or development of a lingering opening into the sinus from the mouth which could require sinus treatments following this surgery.

Medications given during or after surgery may cause drowsiness and a lack of awareness and coordination which could be increased by the use of alcohol or other drugs. I am aware that I should not operate any vehicle or hazardous devices while taking such medications and at least 24 hours after taking them or until recovered from their effects.

I know that some of the above-mentioned complications can be avoided or reduced by carefully following the doctor's instructions. I have had an opportunity to ask questions about the procedure and aspects related to it and have had them answered to my satisfaction. This is my consent to surgery.

__________________________  ________________________
Signature                        Date

Guardian (if a minor)

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