



CONSENT FOR SURGERY AND ANESTHESIA

This is my consent for Dr. Hawkins/ Libunao with any of his associates to perform the following procedure(s):

I understand that the purpose of the procedure is to treat and possibly correct an abnormality of my oral/maxillofacial tissues. The doctor has advised me that if this condition persists without treatment or surgery, my present oral condition may worsen in time, and the risks to my health include but are not limited to: swelling, pain, infection, cyst formation, periodontal (gum) disease, dental decay, pathologic fracture of the jaw, premature loss of teeth, premature loss of bone.

I have been informed of possible alternatives to treatment, if any exist. I have been informed that there are certain inherent and potential risks in any surgical procedure and that in this specific instance such operative risks include, but are not limited to:

- Postoperative discomfort and swelling that may necessitate several days of home recuperation
- Postoperative bleeding that may require treatment
- Injury to adjacent teeth and fillings
- Postoperative infection requiring additional treatment
- Stretching of the corners of the mouth
- Limited mouth opening for several days or weeks
- Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery
- Jaw fracture
- Injury to the nerve underlying the teeth resulting in numbness or tingling of the lip, chin, gums, teeth, cheek, or tongue on the operated side; this may persist for several weeks, months, or in rare instances permanently.
- Opening in to the sinuses requiring additional surgery
- Pain or limited movement of the jaw joints (TMJ)
- Inflammation and pain in the veins or at the site of the intravenous infection
- Need for additional surgical procedures

I consent to administration of medications and/or anesthetic as deemed necessary by my doctor in order to accomplish the proposed surgery. I have had an opportunity to discuss my past medical history with the doctor and have disclosed all significant information to him.

I agree and understand that a perfect result cannot be guaranteed or warranted.

I understand that I am not to drive, drink alcohol or operate any hazardous machinery for 24 hours after having general anesthetic or intravenous sedation. I am also not to drive, drink alcohol or operate hazardous machinery while taking prescription pain medication. I certify that I have read and understand this consent for surgery in its entirety, and have had an opportunity to ask any question that I may have.

If I am going to have general anesthetic or sedation, the last time that I had anything to eat or drink was

_____.

Patient (print)

date

Patient, parent, guardian
(signature)

witness