

Your dentist has recommended the extraction of the following teeth.

(dental annotation)

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This decision has been taken following consideration of any alternative options together with consideration of taking no action in respect of the tooth or teeth in question. The dentist has explained all significant risks to me, including any possible complications of the treatment. I was able to ask questions and to raise concerns about my dental state, the risks and benefits of the procedure, the treatment options and any possible complications. My questions have been discussed and answered to my satisfaction.

By your consent you confirm that you understand that the consequences of doing nothing about the dental condition may result in a number of serious consequences including:

- Infection which may spread through the mouth
- Swelling
- Pain
- Worsening gum disease
- Bad breath

If untreated, despite these signs, the infection may spread to involve other bodily structures and may cause generalised illness which might be severe.

Some extractions may require surgical removal of bone in order to remove diseased or impacted teeth (for example broken-down teeth, retained roots, impacted wisdom teeth). Such extractions may require treatment from a specialist in oral surgery and may necessitate a referral either within the NHS or privately. If you choose to be referred privately, the treatment will attract a charge from the dentist to whom you are referred.

The risks associated with any dental, surgical, and anaesthetic procedure include, but are not limited to:

- Delayed healing (a “dry socket”) which may require further treatment and additional visits and is likely to be painful. This occurs following about 5% of extractions
- Post-operative infection and inflammation
- Swelling, bruising and pain
- Damage to adjacent teeth and fillings
- Bleeding which may require further treatment
- The possibility of a root fragment or piece of bone remaining in the jaw as a result of its removal not being possible or being left intentionally. In such circumstances, a further surgical procedure may be required at a later date
- Damage to sinuses which may require additional treatment or surgical repair at a later date
- Fracture or dislocation of the jaw
- Damage to the nerves in the jaw during tooth removal resulting in temporary, or possibly partial or permanent numbness or tingling of the lip, chin, tongue, or other areas
- Drug reactions and side effects.

PATIENT CONSENT

I hereby consent to undergo extraction of the following:

Tooth/Teeth/roots

Explained to me by:

(name of dentist)

The dentist has explained about the nature of the treatment and its purpose, together with any significant risks and problems, disadvantages and alternatives and the likely outcomes if complications occur. The dentist has also explained the consequences of not having the procedure. I have been given the opportunity to ask any questions and understand that, should any changes in the treatment be required, they will be explained to me and my specific consent obtained.

I confirm that I have given correct information about my general health and up to date medical history including any medications that I may be taking at the time of the procedure.

I have informed the practice of any medication and allergies of which I am aware.

Name of Patient

Signature

Date

Name of Dentist

Signature

Date



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