

**TOOTH EXTRACTION CONSENT FORM**

*This document is not meant to frighten or alarm you. It is simply an effort to make you better understand the risks associated with your treatment so you can make an informed decision about undergoing the procedure.*

I, \_\_\_\_\_  
Hereby authorise Dr \_\_\_\_\_  
To extract my tooth/teeth \_\_\_\_\_

I have had alternative treatment (if any) explained to me, and after considering my options have considered extraction(s).

I am aware the non-treatment may lead to consequences such as pain, swelling and the spread of infection that may be potentially life threatening.

I understand that tooth removal is an irreversible process, and can result in loss of function, change in smile, drifting of adjacent teeth into spaces, or malocclusion (altered bite or way teeth bite together).

I understand that there are various complications that can occur during tooth extractions despite all the efforts to the contrary, which include but are not limited to the list outlined on the right.

The dental procedure, fee involved, risks of treatment has been explained to me, and I understand that there is no warranty or guarantee as to the result and/or cure.

I have read and understood this document as well as my questions answered, and I agree to proceed with the tooth extraction(s).

Signed:  
Date: \_\_\_\_\_

Dentist:  
Date: \_\_\_\_\_

Witness:  
Date: \_\_\_\_\_

**GENERAL**

- Soreness, pain, bruising, swelling during healing
- Bleeding, usually controllable, sometimes may require additional care,
- Post-procedure infection, may require further care, hospitalisation or additional surgery,
- Stiffness of the jaw joint and nearby muscles, and possible restricted mouth opening (especially if jaw problems already exist),
- Adverse reactions or allergies to anaesthetics/medications,
- Stretching or cracking at the corners of the mouth.

**DENTAL**

- Tooth breakage, parts of tooth left in the jaw that cannot be retrieved will need to be removed by an oral surgeon,
- Sharp ridges or bone splinters, which may need additional surgery later to smooth or remove,
- End of the tooth left in the jaw intentionally to avoid damage to nearby vital teeth or fillings,
- Dry socket (delayed healing) which can be uncomfortable/painful and require further care

**UPPER BACK TEETH**

- Due to the closeness of these teeth to the sinus, several-related complications can occur:
- Tear in the sinus lining leading to sinus opening,
- Root displacement into the sinus cavity,
- Sinus opening which may require medication and/or surgical repair by an oral surgeon,
- Piece of upper jaw bone that can detach and be removed along with the tooth

**LOWER BACK TEETH**

- Fracture or dislocation of the jaw,
- Damage to nerves, resulting in: numbness or tingling (lip, chin, teeth, gums, tongue or other areas), pain, loss of taste, change in speech- this can last days, weeks, or months, and rare cases can be permanent.