

Facial Surgery Center

STATEMENT OF CONSENT FOR ORAL SURGERY

1. I hereby consent to surgery by _____, and such assistants as may be selected by him to include:
Removal of teeth #'s 1, 16, 17 and 32 under general anesthesia.
2. I have been informed of possible alternative methods of treatment (if any, including doing nothing).
3. It has been explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to, the following:
 - A. Post-operative discomfort and swelling, that may necessitate several days of home recuperation.
 - B. Heavy bleeding that may be prolonged.
 - C. Injury to adjacent teeth and fillings.
 - D. Post-operative infection requiring additional treatment.
 - E. Stretching of the corners of the mouth with resultant cracking and bruising.
 - F. Restricted mouth opening for several days or weeks.
 - G. Decision to leave a small piece of the root in the jaw when its removal would require extensive surgery.
 - H. Breakage of the jaw.
 - I. Injury to the nerve underlying the teeth resulting in numbness or tingling of the chin, lip, cheek, gums and /or tongue on the operated side or loss of taste on that side; this may persist for several weeks, months, or in remote instances, permanently.
 - J. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
 - K. If intravenous medication is used, soreness at the injection site or along the vein may develop as well as some discoloration of the injection site.
 - L. Cardiac arrest.
 - M. Other _____
4. It has been explained to me that, during the course of the procedure(s) unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in paragraph 1 above. I therefore authorize and request that the persons described in paragraph 1 above perform professional judgement. The authority granted under this paragraph 4 shall extend to the treatment of all conditions that require treatment and are not known at the time the original procedure is commenced.

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