

Infinity Dental  
8940 W. Tropicana Ave  
Las Vegas, NV. 89147  
702-248-4448

**Extraction Consent:**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tooth #(s):** \_\_\_\_\_

Tooth Extraction is performed to completely remove a primary or permanent tooth which cannot be maintained or restored. The extraction of teeth is an irreversible process and, whether routine or difficult, is a surgical procedure. As in any surgery, there are some risks. These risks include, but are not limited to the following:

- Post-Operative discomfort including swelling and/or discomfort in the surgery area.
- Stretching of the corners of the mouth resulting in cracking and bruising.
- Tooth sensitivity to hot or cold/Tooth looseness.
- Possible Infection and/or Dry Socket, requiring further treatment/antibiotics.
- Injury to adjacent teeth, prosthesis, and/or restorations which may require additional treatment, Injury to other tissues not within the described surgical area.
- Injury to the nerve underlying the teeth resulting in itching, numbness, or burning of the lip, chine gums, cheek, teeth and/or tongue which may be temporary or permanent.
- Limited Jaw Opening (Trismus), stiffness of facial and/or neck muscles, change in bite, or temporomandibular joint (jaw joint) difficulty.
- Residual Fragments or bone splinters left when complete removal would require extensive surgery and/or needless surgical complications.
- Possible bone and/or jaw fracture, or opening or tearing of the sinus, requiring additional surgery.
- Excessive bleeding.

To great extent, the reason for extraction will influence the amount of discomfort you might experience after the procedure. Please follow the instructions given to you. If antibiotics are prescribed, take them until you finish them **ALL**. If pain medication is prescribed, take only if necessary. Do not operate heavy machinery or drive. This could prove to be dangerous to yourself and others. You can expect some bleeding to occur from the extraction site for the first 24 hours. This is normal for an extraction. Remember, there is now a hole in your jaw where the tooth was and the hole could be quite large.

Please follow the general instructions. If these instructions are not followed, the extraction site may not heal properly and healing time may be increased.

- Keep your mouth closed firmly on gauze for the first 30 minutes following the extractions. Your bleeding will be monitored before you leave our office. Do not change or remove gauze, unless instructed to.

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- Do not smoke/chew tobacco products or drink alcoholic beverages for a minimum of 24 hours.
- Do not rinse with any mouth washes for the first 48 hours. You may start to rinse with anything you'd like on the 3<sup>rd</sup> day of healing, for a week.
- Do not spit or drink through a straw.
- When brushing site, please be gentle!
- Keep head elevated to help reduce swelling. At night, sleep on a recliner or your head propped up by pillows.
- Take antibiotic until it is finished.
- For first 24 hours, avoid chewing near extraction site.

Please notify us if:

- There is extended or excessive bleeding from extraction site
- Discomfort continues for more than 24 hours—especially if it is not relieved by over-the-counter pain relievers and/or your prescribed medication.

By signing below you acknowledge you understand that this procedure can also be performed by a specialist and request that this treatment be performed in this office by a general dentist. The dental care and treatment to be performed has been explained to you and you understand what is to be done and that there is no warranty or guarantee as to any result and/or cure. You understand treatment is your option and attest that alternative options have been discussed with you.

If any unforeseen condition should arise in the course of the operation/extraction, calling for the doctor's judgment, or for procedures in addition to or different from those now contemplated, you request and authorize the doctor to do whatever he/she deems necessary.

X \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature

Employee/Assistant Initials: \_\_\_\_\_