

I understand that Oral Surgery and Bone Augmentation include possible inherent risks such as, but not limited to the following:

1. Injury to the Nerves: Injury to the nerves of the lips, the tongue, the tissues in the floor of the mouth, and the cheeks, etc. These possible nerve injuries can cause numbness, tingling, burning, and loss of taste in the case of the tongue which may be of a temporary nature lasting a few days, a few weeks, a few months, or, rarely, could possibly be permanent.

2. Bleeding, Bruising and Swelling: Bleeding may last several hours. Should it persist, particularly being severe in nature, the patient should seek medical attention immediately and this office must be contacted. Bruising may possibly be prolonged.

3. Infection: No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, for infections to occur postoperatively. At times these may become serious. Should severe swelling occur, particularly accompanied with fever or malaise, seek medical attention as soon as possible and this office must be contacted. In some cases hospitalization and/or treatment with I.V. antibiotics may become necessary.

4. Bacterial Endocarditis: Because of the normal existence of bacteria in the oral cavity, the tissues of the heart in some cases and due to a number of conditions may be susceptible to bacterial infection transmitted from the mouth to the heart through the circulatory system. A condition called bacterial endocarditis (an infection of the heart) may occur which can result in damage to heart valves. If any heart problems are known or suspected (such as a heart murmur following rheumatic fever, existence of an artificial heart valve, cardiac damage following Phen-Phen use, etc.), the dentist must be informed prior to surgery.

5. Muscle or Jaw Soreness: Muscle or jaw soreness may be noticed following oral surgery and especially third molar extractions. Pre-existing conditions affecting the jaw joints (TMJ) may be aggravated by oral surgery. Clicking, popping, muscle soreness and difficulty opening may be noticed for some time following surgery. If such symptoms or conditions persist, the patient should call our office. The patient must notify the dentist of any such pre-existing conditions prior to surgery.

6. Unusual Reactions to Medications Given or Prescribed: Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of contraception during the treatment period. It is the patient's responsibility to inform the doctor and his associates of ALL medications the patient is currently taking.

I understand it is my responsibility to contact the dentist and seek attention should any undue circumstances occur postoperatively and I shall diligently follow any preoperative and postoperative instructions given me.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of **Surgical Treatment and Bone Augmentation** and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize this practice and/or their associates or agents involved to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications. I understand it is my responsibility to inform the doctor of ALL the medications I am currently taking as well as any allergies.

Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: []

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: []