

I understand the purpose of the **Extraction of a Primary tooth** can be due to damage by infection (from tooth decay), trauma (from a knock or bump), failure of the primary tooth to come out naturally, or possible damage to the permanent tooth/teeth underneath if the primary tooth is not removed. I understand that **Oral Surgery and/or Dental Extractions** include possible inherent risks such as, but not limited to the following:

- 1. Injury to Adjacent Teeth or Fillings:** Injury to adjacent teeth or fillings may occur no matter how carefully surgical and/or extraction procedures are performed. There is a higher risk of possible damage to adjacent teeth as a result of the child making abrupt or uncontrolled movement during the procedure.

- 2. Loss of Space for Adult Teeth:** When a baby tooth is lost prematurely, the adult tooth may not be ready to move into position to fill the space. This can result in loss of space for adult teeth, therefore orthodontic or periodontal procedures may become necessary in the future.

- 3. Injury to the Nerves:** There is a possibility of injury to the nerves of the lips, jaws, teeth, tongue, or other oral or facial tissues from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which may occur is usually temporary, but in rare instances could be permanent.

- 4. Bleeding, Bruising, Swelling:** Bleeding may last several hours. Should it persist, particularly being severe in nature, it should receive attention and this office must be contacted. Bruising may possibly be prolonged.

- 5. 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, attention as soon as possible should be received and this office must be contacted. In some cases hospitalization and/or treatment with I.V. antibiotics may become necessary.

- 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 and patient's guardians responsibility to inform the doctor and his associates of ALL medications the patient is currently taking.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of **Surgical Treatment and/or Extraction of Primay Teeth** and have received answers to my satisfaction. I have been given the option of seeking care with an oral and maxillofacial surgeon. 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 document, I am freely giving my consent to allow and authorize Gunnerson Dental and/or their associates or agents to render any treatment, medications, anesthetics, etc. necessary and/or advisable to my child's dental care. I understand it is my responsibility as my child's guardian to inform the doctor and/or his associates of ALL medications my child is currently taking and/or any allergies.

Primary Tooth Extraction Consent

Patient: Submitted: 10/14/2024

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.: []