

# Consent for Oral Surgery

PROFESSIONAL  
PROTECTOR PLAN®  
FOR DENTISTS



## A. RECOMMENDED TREATMENT

I give permission to Dr. \_\_\_\_\_ to perform the following treatment as well as any additional procedures considered necessary on the basis of findings during the actual surgery. This permission is for myself (or minor child) named below. I fully understand this consent for surgery and the reasons why the recommended treatment is necessary. I have been given the opportunity to ask questions regarding the recommended treatment and have been given satisfactory answers. I understand that no guarantee regarding the treatment has been made or implied.

TREATMENT: \_\_\_\_\_

## B. TREATMENT ALTERNATIVES AND NO TREATMENT CONSEQUENCES

I elected the treatment listed above even though the following alternatives have been explained to me as being both practical and possible.

TREATMENT ALTERNATIVES: \_\_\_\_\_

## C. ANESTHESIA/MEDICATIONS

I also authorize the recommended treatment to be performed with the following anesthetics and/or medications:

- \_\_\_\_\_ Local anesthesia only
- \_\_\_\_\_ Local anesthesia with nitrous oxide and oxygen
- \_\_\_\_\_ Local anesthesia and sedation

## D. RISKS AND CONSEQUENCES

I understand that there are risks associated with the administration of medications and performance of the recommended surgery such as the items check below:

- \_\_\_\_\_ Drug reactions and side effects
- \_\_\_\_\_ Post-operative bleeding and pain
- \_\_\_\_\_ Necessary removal of bone during tooth extraction
- \_\_\_\_\_ Post-operative infection or bone inflammation
- \_\_\_\_\_ Possible damage to the sinus when upper back teeth are removed which may require surgical repair at a future date

Any publications or forms on this website are for informational and educational purposes only. Nothing contained within this website or on any publications or forms found therein is intended to be legal or dental advice. Accordingly, PPP makes no representations regarding the correctness or completeness of the aforementioned content and accepts no liability for any injury or damage that may arise from its use by persons viewing this website. Any person viewing this website should direct any specific legal or dental questions to a competent attorney or dental professional. In addition, the information contained within this website or on any publications or forms found therein may contain or refer to matters which are outside the scope of your insurance policy, and such information and materials do not create or imply the existence of coverage. Every insured should consult its insurance policy for the specific terms and conditions of coverage.

# Consent for Oral Surgery

PROFESSIONAL  
PROTECTOR PLAN®  
FOR DENTISTS



## D. RISKS AND CONSEQUENCES (continued)

I understand that there are risks associated with the administration of medications and performance of the recommended surgery such as the items check below:

\_\_\_\_\_ Possible nerve damage when lower wisdom teeth are removed which can result in either temporary or permanent tingling or numbness in the lower lip

\_\_\_\_\_ Fracture of the mandible

\_\_\_\_\_ Jaw joint (TMJ) pain, malfunction and/or difficulty in opening mouth due to muscle spasms, following removal of lower teeth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Patient's Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor

*Any publications or forms on this website are for informational and educational purposes only. Nothing contained within this website or on any publications or forms found therein is intended to be legal or dental advice. Accordingly, PPP makes no representations regarding the correctness or completeness of the aforementioned content and accepts no liability for any injury or damage that may arise from its use by persons viewing this website. Any person viewing this website should direct any specific legal or dental questions to a competent attorney or dental professional. In addition, the information contained within this website or on any publications or forms found therein may contain or refer to matters which are outside the scope of your insurance policy, and such information and materials do not create or imply the existence of coverage. Every insured should consult its insurance policy for the specific terms and conditions of coverage.*