Dental Rehabilitation Center
Implant, Cosmetic, & Reconstructive Dentistry
Consent For Clinical Treatment/Procedure

Name of the treatment(s)/procedure(s): EXTRACTION OF TOOTH (TEETH)

Part of the body on which the treatment/procedure will be performed:

INFORMATION ABOUT THE TREATMENT/PROCEDURE
Reason for treatment/procedure (diagnosis, condition, or indication):
To remove one or more teeth that is diseased, not functional, or impacted.

Brief description of the treatment/procedure: EXTRACTION
This procedure involves the removal of a tooth or teeth with dental instruments. This procedure may involve reflecting a flap of gum tissue and removal of surrounding bone. It may potentially involve cutting the tooth in numerous sections. Following removal of tooth/teeth, the gums may be closed with sutures.

Potential benefits of the treatment/procedure:
You may expect relief of current symptoms. You may also be able to continue additional dental treatments.

Known risks and side effects of the treatment/procedure:
Known risks of this treatment include, but are not limited to:
- Your doctor may not be able to remove all of the material.
- Numbness.
- Dry socket. Premature loss of the blood clot from the extraction site.
- Damage to teeth or gums.
- Injury to nerves.
- You may need additional treatment.
- Infection. You may need drugs or other treatments.
- Failure of the wound to heal, or reopening of the wound.
- Damage to nearby structures.
- Fistula.
- Bleeding. You may need blood transfusions or other treatments.
- Fractures caused by instruments, hardware or implants used during the procedure.

Alternatives to the treatment/procedure:
Alternatives are other types of surgery, such as root canal therapy, or watching and waiting. You may also choose no treatment.

Anesthesia/Moderate Sedation:
Moderate sedation may be used. Medications will be administered to decrease anxiety and discomfort during the treatment/procedure. These medications will be administered by a qualified practitioner. Patient response to some of these medications varies. Patients are expected to remain aware and responsive during the treatment or procedure. Minor risks of moderate sedation include temporary amnesia or forgetfulness and downiness. Moderate sedation can interfere with your ability to drive, operate machinery, or make important decisions for up to 24 hours. Medications

used for moderate sedation can cause allergic reactions, respiratory depression (this is when your breathing slows down and may stop), low blood pressure, and a slow or irregular heart beat. In rare instances, these complications can cause death. Tell your health care team if you do not wish to receive moderate sedation.

SIGNATURES

-All relevant aspects of the treatment and its alternatives (including no treatment) have
Been discussed with the patient(or surrogate) in language that s/he could understand.
This discussion included the nature, indications, benefits, risks, side effects, and likelihood of success of each alternative.
-The patient (or surrogate) demonstrated comprehension of the discussion.
-I have given the patient (or surrogate) an opportunity to ask questions.
-I did not use threats, inducements, misleading information, or make any attempt to coerce the patient/surrogate to consent to this treatment.
-I have offered the patient (or surrogate) the opportunity to review a printed copy of the consent form.

Practitioner (Dr. Rami Jandali) Date/Time:

PATIENT OR SURROGATE:

By signing below, I attest to the following:
-Someone has explained this treatment/procedure and what it is for.
-Someone has explained how this treatment/procedure could help me, and things that could go wrong.
-Someone has told me about other treatments or procedures that might be done instead, and what would happen if I have no treatment/procedure.
-Someone has answered all my questions.
-I know that I may refuse or change my mind about having this treatment/procedure.
-I have been offered the opportunity to read the consent form.
-I choose to have this treatment/procedure.

Patient or surrogate: (Name & Signature) Date/Time:

Witnesses:

No witness is required if the patient or surrogate signs their name.