Regency Family Dental
Dr. Adya Shrotriya, DDS
1 Strawberry Hill Ct Suite L1
Stamford, CT 06902
203.323.1186

Date*_____** ***CONSENT FOR TEETH EXTRACTION

TEETH TO BE EXTRACTED: _____

Extraction of one's teeth is an irreversible process and, whether routine or difficult, it's a surgical procedure. As in any surgery, there are always some risks. They include, but are not limited to, the following:

1. Swelling and/or bruising and discomfort of the targeted surgery area.

2. Stretching of the corners of the mouth can result in cracking or bruising.

3. Possible infection; requiring additional treatment.

4. Dry Socket- Jaw pain beginning a few days after surgery; usually requiring additional care. It is more common with lower extractions, especially wisdom teeth.

5. Possible damage to adjacent teeth, especially those with large fillings or crowns (caps).

6. Numbness, pain, or altered sensations in the teeth, gums, lip, tongue (including possible loss of taste sensation) and chin, due to the closeness of tooth roots (especially wisdom teeth) to the nerves which can be bruised or damaged. Almost always sensation returns to normal, but in rare cases, the loss may be permanent.

7. Trismus- Limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is a result of Jaw Joint Disorder (TMJ), especially when TMJ disease already exists.

8. Bleeding- Significant bleeding is not common, but persistent oozing can be expected for several hours

9. Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another surgery to smooth or remove.

10. Incomplete removal of tooth fragments. To avoid injury to vital structures such as nerves or sinus, sometimes small root tips may be left in place.

11. Sinus Involvement. The roots of the upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus or an opening may occur into the mouth that may require additional care.

12. Jaw Fracture- While quite rare, it is possible in difficult or deeply impacted teeth.

Patient or Parent/Guardian Signature_____ **Date**_____

Witness _____ **Date** _____