

This form is a record of the conversation you had with your surgeon — it is not a substitute for it. Read it, or ask us to read it to you. Circle or underline anything you want explained again. Do not sign until every question you have has been answered. You may change your mind and stop at any point before the procedure begins.

Patient name Date of birth Chart / MRN
Today's date Time Treating surgeon

1. MY CONDITION AND THE TREATMENT I AM AGREEING TO

Diagnosis / reason for treatment

Planned procedure(s), teeth and sites

Check every procedure planned for this visit:

- | | | | |
|---|---|--|---|
| ☐ Simple tooth extraction | ☐ Surgical / impacted extraction | ☐ Wisdom tooth removal | ☐ Coronectomy |
| ☐ Retained root removal | ☐ Dental implant placement | ☐ Implant uncovering / abutment | ☐ Bone graft / ridge preservation |
| ☐ Sinus lift (internal or lateral) | ☐ Autogenous bone harvest | ☐ Guided tissue membrane | ☐ Biologics / growth factors (PRF, PRP, BMP) |
| ☐ Venipuncture / IV access | ☐ Marrow aspiration | ☐ Connective tissue graft | ☐ Acellular dermal graft |
| ☐ Frenectomy | ☐ Apicoectomy / root-end surgery | ☐ Incisional biopsy | ☐ Excisional biopsy |
| ☐ Incision and drainage | ☐ Alveoloplasty / alveolectomy | ☐ Vestibuloplasty | ☐ Removal of hardware / failed implant |

Other procedure(s)

Alternatives we discussed — including the option of no treatment at all, and what is likely to happen with each:

- | | | |
|--|--|--|
| ☐ No treatment / watch and wait | ☐ Delay treatment | ☐ Non-surgical care (medication, root canal, periodontal therapy) |
| ☐ Removable denture or partial | ☐ Fixed bridge | ☐ Referral or second opinion |

Alternatives, in my surgeon's words

Restorative dentist for the crown / bridge / denture, if any Est. visits / healing time

2. RISKS THAT APPLY TO ANY ORAL SURGERY

No surgery is risk-free, and no result can be promised or guaranteed. The risks below are the ones a reasonable patient would want to know about. They are grouped by how often they happen. This list cannot include every possible complication.

- **Common, and usually temporary:** pain; swelling; bruising; bleeding and oozing for the first day; stiff jaw and limited mouth opening; sore throat; cracked or sore corners of the mouth; bad taste or odor; nearby teeth feeling loose or sensitive; a small amount of numbness for a few hours after local anesthetic.
- **Less common:** infection needing antibiotics, drainage, or a second procedure; dry socket; slow or incomplete healing; damage to nearby teeth, fillings, crowns, bridges, dentures or braces; cuts, burns or bruises of the lip, cheek, gum or tongue; jaw joint (TMJ) pain, clicking or locking; scarring; small pieces of tooth or bone that work their way out later or must be removed; allergic or other adverse reaction to a medicine or material; a change in how the teeth fit together.
- **Uncommon, but serious: nerve injury** — numbness, tingling, burning, or pain in the lip, chin, cheek, gums, teeth or tongue, and/or a change or loss of taste. This can come from the surgery itself or from the anesthetic injection. It usually improves over weeks to months, but it can last longer and in some cases is permanent; an opening between the mouth and the sinus or nose that may need a second operation to close; a tooth, root or implant pushed into the sinus or another space; broken jaw; infection that spreads into the face or neck and requires hospital care; bleeding heavy enough to need a transfusion; swallowing or breathing in a small instrument or fragment.
- **Rare: medication-related osteonecrosis of the jaw (MRONJ)** — bone that will not heal and stays exposed. The risk is higher if you take or have ever taken bone-strengthening or anti-cancer drugs such as alendronate (Fosamax), zoledronic acid (Reclast, Zometa), denosumab (Prolia, Xgeva), or certain targeted therapies, or if you have had radiation to the jaws; permanent change in facial appearance; life-threatening complications.

Things that make your risk higher. Smoking or vaping, alcohol or recreational drug use, uncontrolled diabetes, steroids or drugs that lower immunity, blood thinners, previous radiation to the head or neck, and poor oral hygiene all significantly increase the chance of infection, dry socket, poor healing, and failure of grafts and implants. Tell your surgeon now if any of these apply to you.

3. ADDITIONAL RISKS — these apply only to the procedures checked in Section 1

- **Wisdom teeth, lower molars and coronectomy.** These teeth sit closest to the nerve that supplies the lower lip, chin and tongue, so the chance of numbness is higher than for other teeth. Upper teeth sit against the sinus. In a coronectomy the root is left in place on purpose; it may later become infected, move toward the surface, or need to be removed in a second procedure.
- **Dental implants.** The implant may fail to fuse with the bone, loosen, break, or have to be removed — sometimes months or years later. Bone and gum can be lost around an implant (peri-implantitis). Your anatomy may make it impossible to place the implant as planned, in the ideal position, or at all, and the plan may change during surgery. You may see gum recession, metal showing through the gum, an uneven gum line, or a result you do not find attractive. Screws and crowns can loosen or fracture and need repair or replacement. Implants are not permanent, are not guaranteed for life, and need cleaning and regular check-ups just like teeth. **The crown, bridge or denture that attaches to the implant is separate treatment with a separate fee,** and is often done by another dentist.
- **Bone grafts, membranes and sinus lifts.** The graft may become infected, come apart, be partly or completely lost, or not produce enough bone — in which case grafting may have to be repeated or the plan abandoned. A membrane may become exposed and need removal. In a sinus lift, the sinus membrane can tear, and you may get sinus congestion, a sinus infection, or graft material moving into the sinus. Grafted bone can shrink over time.
- **Graft material.** Donor and animal-derived grafts are processed, screened and regulated; the chance of passing on an infection is extremely small but is not zero. Tell us now if you decline donor or animal tissue for personal or religious reasons.
- **Soft tissue grafts (connective tissue, acellular dermal).** Pain and bleeding at the donor site on the palate; graft shrinkage or loss; color or texture that does not match the surrounding gum; incomplete coverage requiring a repeat graft.
- **Biopsy.** The tissue removed is sent to a pathology laboratory. A biopsy identifies a lesion but does not by itself treat it, and further surgery or referral may be needed. Results usually take one to two weeks; we will contact you, and you should call us if you have not heard back.
- **Apicoectomy.** Root-end surgery may not save the tooth, and the tooth may still need to be removed later.
- **Frenectomy.** The band of tissue can re-form or scar down, and a second procedure is sometimes needed. Speech, feeding or orthodontic results vary and are not guaranteed.
- **Alveoloplasty, alveolectomy, vestibuloplasty.** Reshaping the ridge changes its height and shape, so a denture made before surgery will usually need relining or remaking, at additional cost.
- **Venipuncture and marrow aspiration.** Bruising, pain, swelling, infection, or irritation of a nerve or vein at the site; rarely a blood clot in the vein or lasting discomfort.
- **Incision and drainage.** You may need repeat drainage, a drain left in place for several days, IV antibiotics, or admission to a hospital.

If grafting: material to be used _____

Donor site, if your own bone _____

Graft will be placed at _____

☐ Your own bone (autogenous)☐ Human donor (allograft)☐ Bovine / porcine (xenograft)☐ Synthetic (alloplast)☐ Biologic / growth factor☐ Membrane (resorbable / titanium)

4. ANESTHESIA AND SEDATION

Type I have chosen, after discussing the options:

☐ Local anesthesia only☐ Nitrous oxide (laughing gas)☐ Oral / minimal sedation☐ IV moderate sedation☐ Deep sedation or general anesthesia

Anesthesia provided by _____

NYS certificate / license # _____

- **All anesthesia, including local:** allergic or adverse reaction to a drug; pain, swelling, bruising or lasting numbness where an injection or IV is placed; nerve injury from an injection; nausea and vomiting; dizziness, confusion, poor coordination or grogginess that can last into the next day; being aware of parts of the procedure.
- **Sedation and general anesthesia also carry:** trouble with breathing or the airway; low blood pressure or an irregular heartbeat; stomach contents entering the lungs; sore throat, hoarseness, or injury to teeth, lips or gums if a breathing tube or airway device is used; and — rarely — heart attack, stroke, brain injury, or death.

If you are having any sedation or general anesthesia, initial each line:

_____ I have had **nothing to eat or drink for at least 6 hours** (clear liquids only up to the time I was told). I understand that eating or drinking before sedation can be life-threatening.

_____ I have told this office about **every** medicine and supplement I take, including blood thinners, bone-strengthening drugs, steroids, herbal products, and any **GLP-1 medicine** such as semaglutide (Ozempic, Wegovy), tirzepatide (Mounjaro, Zepbound) or liraglutide — these can keep food in the stomach and change the fasting instructions I need.

_____ I took my usual prescribed medicines exactly as instructed, with small sips of water.

_____ A responsible adult is with me today, will drive me home, and will stay with me until I have recovered.

_____ For **24 hours** I will not drive, operate machinery or power tools, drink alcohol, be the only adult caring for a child, or sign legal or financial documents. I understand the medicines may not fully wear off for a day.

☐ I am not pregnant, or I have told the office that I may be pregnant or am breastfeeding.

5. MEDICINES AND PAIN CONTROL

Most oral surgery pain is controlled best by alternating **ibuprofen and acetaminophen** on a schedule, not by opioids. If an opioid is prescribed for you, we have discussed the following:

- It is for **short-term use only**. New York limits an initial opioid prescription for acute pain to a 7-day supply.
- Opioids cause drowsiness, constipation, nausea and slowed breathing, and can lead to **dependence, addiction and overdose** — the danger is much higher when combined with alcohol, benzodiazepines, muscle relaxants, sleep aids or other sedatives.
- Do not drive or work while taking them.
- Keep them **locked away** from children, teenagers, visitors and pets, and take what you do not use to a drug take-back site. Never share them.
- **Naloxone (Narcan)** reverses an overdose, is available without a prescription, and may be recommended for your home.
- Antibiotics can cause upset stomach, diarrhea, *C. difficile* infection, yeast infection, rash or a serious allergic reaction, and may make hormonal birth control less reliable.

☐ Opioid risks discussed ☐ No opioid planned ☐ Patient declines opioids ☐ History of substance use disorder disclosed

6. MY PART IN THE RESULT

- I have given a complete and accurate medical and dental history, including all conditions, all prescription and non-prescription medicines and supplements, allergies, recreational drug use, and pregnancy. I will tell this office right away if anything changes before my surgery.
- I have been told that **smoking, vaping and alcohol** significantly increase the risk that my extraction site, graft or implant will fail, and I have been advised to stop.
- I will follow the written and spoken instructions I am given before and after surgery, take medicines as prescribed, keep my mouth clean, keep my appointments, complete the treatment plan, and call the office promptly if a problem comes up.
- I understand that if I do not do these things, I am more likely to have a complication or a poor result, and that additional treatment to correct it may be at my own expense.

7. WHAT I UNDERSTAND AND AGREE TO

- Dentistry and surgery are not exact sciences. **No one has promised or guaranteed me a particular result**, how long treatment will take, or how long the result will last.
- Once surgery has begun, my surgeon may find conditions that were not visible on the examination, x-rays or scan. **I authorize my surgeon to change, extend, or stop the procedure** if, in their professional judgment, that is medically reasonable and in my best interest — including while I am sedated and cannot be asked.
- I may need more visits, more tests, referral to another specialist, further surgery, or hospital care.
- Surgical fees are separate from fees for anesthesia and from fees for crowns, bridges or dentures, and additional or corrective treatment may cost more. Insurance may not cover all of it.
- Photographs, x-rays, scans, models and records made in the course of my care are part of my dental record and are kept by the practice; I may request copies.
- **I may withdraw this consent and stop treatment at any time before the procedure begins.**

8. PHOTOGRAPHS, IMAGES AND RECORDS — optional; initial only what you agree to

☐ Photographs, video, x-rays and scans may be taken and used **for my own diagnosis, treatment planning and dental record**. (Required in order to provide care.)

☐ They may also be used **without my name** for teaching, professional lectures, study clubs and publication in professional literature.

☐ They may also be used **without my name** on the practice website, in advertising and on social media. I understand that once an image is published online it may be copied and may not be possible to withdraw completely. I may revoke this in writing for future use at any time.

☐ I do NOT consent to marketing or social media use

9. LANGUAGE, QUESTIONS AND UNDERSTANDING

Preferred language _____ Interpreter name / ID / service _____

- ☐ Discussion held in English ☐ Professional interpreter used ☐ Telephone / video interpreter
- ☐ Adult family member interpreted at my request ☐ Written materials provided

SIGNATURES

CLINICIAN ATTESTATION

ADDITIONAL DISCUSSION AND QUESTIONS ASKED — optional; part of the record

OFFICE USE