



HughRich Dental

Informed Consent for Tooth Extraction

I, _____ hereby understand that there may be alternatives to the extraction of tooth/teeth number _____. After considering the various options, I have chosen extraction. I understand that there are various complications that may occur despite all efforts to the contrary as a result of the extraction(s) which include but are not limited to:

Allergic reaction to medications or anaesthetics used in the extraction process

Pain, swelling, infection, bruising or bleeding

Stiffness of the adjoining or nearby muscles

Numbness – There is the possibility of injury to the nerves of the face or tissues of the oral cavity during the administration of anaesthetics or during the extraction process, which may cause a numbness of the lips, tongue, tissues of the mouth and/or facial tissues. This numbness is usually temporary but may be permanent.

Fracture of the crown or root, which may also result in pieces of the root becoming left in place or displacement of the root into the sinuses and/or spaces nearby

Dry sockets, aspiration and/or swallowing of foreign objects

Damage to adjacent teeth and/or restorations

I further understand that this procedure can also be performed by a specialist and request that this treatment be performed by the general dentist.

The dental care and treatment to be performed has been explained to me and I understand what is to be done and that there is no warranty or guarantee as to any result and/or cure. This is my consent for the extraction, anaesthetics, and radiographs to be taken.

I have read and understand the above and have had all my questions answered to my satisfaction and I agree to proceed with the recommended extraction(s).

Signature

Date: