

Third Molar Impaction Consent

WHAT IS AN IMPACTED TOOTH?

An impacted tooth is a tooth that has not erupted normally. It may be covered by bone as well as gum tissue. Impacted teeth that press against other teeth may cause damage to those teeth. They may also cause crowding, infections, swelling, pain, cysts, earaches, headaches, generalized head and neck pain, and even tumors.

WHAT IS A SURGICAL EXTRACTION?

Since impacted teeth are partially or completely beneath the surface of the gum tissue or bone, their removal is a surgical procedure. A surgical extraction requires the removal of bone, soft tissue incisions, or sectioning of teeth. Pain medication and instructions will control post-operative pain, swelling, bleeding, and discomfort.

DISCOMFORT, SWELLING, LIMITED OPENING, AND BLEEDING ARE NORMAL FOLLOWING SURGICAL EXTRACTIONS.

Slight bleeding may continue until the morning following surgery. The corners of the mouth may be irritated. Curved and thin root tips can fracture during extraction. They are usually removed, but may be left in place if they are near vital structures. Post-operative infections occasionally occur and are treated with antibiotics. Because of the close proximity of impacted teeth to adjacent teeth, occasionally a tooth or dental restoration may be damaged. **VERY RARELY**, post-operative complications include sinus opening, displacement of a tooth into the sinus or infra temporal fossa, lip or tongue numbness which can be temporary or permanent, damage to other oral structures, severe infections, jaw joint problems and broken jaws. In extremely rare circumstances even death may occur. A CT scan radiograph (xray) may be recommended when a wisdom tooth is near a nerve.

We will do our very best to make this a comfortable experience. If you have any questions please ask for clarification.

I UNDERSTAND THAT THE TREATING DENTIST IS NOT AN ORAL SURGEON. I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY AND HEREBY CONSENT TO THE PERFORMANCE OF SURGERY AS PRESENTED TO ME.

Print Patient Name

Patient's or Guardian's Signature Date

Print Doctor's Name

Doctor's Signature Date

Print Witness' Name

Witness' Signature Date