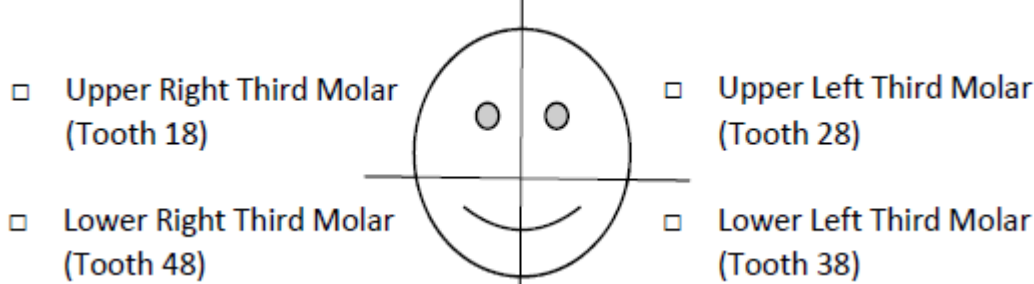


Information and Consent - Third Molar (“Wisdom Tooth”) Extraction

Patient Name: _____

What Treatment is Recommended for Me?

It is recommended that I have the following third molar teeth (also known as “wisdom teeth”) extracted:



Why is Third Molar Extraction Being Recommended?

Extraction is being recommended to treat or prevent the following conditions (*check all that apply*):

- ☐ Pain
- ☐ Infection / Pericoronitis
- ☐ Impaction / Insufficient space for teeth to erupt
- ☐ Damage to adjacent teeth (resorption)
- ☐ Decay
- ☐ Other: _____

This recommendation is based on my dentist’s examination and diagnosis, including the evaluation of any radiographic (x-ray) images taken. The treatment is intended to relieve my current symptoms and/or to permit me to continue with my dentist’s proposed course of treatment.

What Does Third Molar Extraction Involve?

Extraction involves completely removing a tooth from my mouth, including its roots below the surface of the gums. Third molar extractions may require cutting of the gums, removal of surrounding bone, and/or cutting the tooth into sections prior to removal.

What is the Cost of Third Molar Extraction?

My extraction treatment is estimated to cost \$_____ and is estimated to take _____ visit(s) to complete. I understand that I am responsible for the full cost of treatment, regardless of whether I hold dental insurance coverage. ☐ A pre-determination has been sent to my dental insurance provider.

What are the Alternatives to Third Molar Extractions?

Depending on my diagnosis, there may or may not be alternatives to extractions. Common alternatives to extractions include:

- ☐ **No Treatment.** I understand that I may elect to have no treatment provided at all. If I decide not to have the recommended treatment, I understand that my condition may worsen and result in serious complications, including severe pain, swelling, infection, and other health risks.
- ☐ **No Alternative.** Tooth / Teeth # _____ is / are unsalvageable and extraction is the only reasonable course of treatment.
- ☐ **Referral to an Oral Surgeon.** I understand that I may elect to have treatment performed by a specialist practitioner (oral and maxillofacial surgeon). Oral and maxillofacial surgeons specialize in oral surgery and often deal with complex or difficult cases.

What are the Risks of Third Molar Extractions?

All dental treatment carries certain inherent risks. Some of the risks associated with dental treatment, including extractions, are as follows:

- ☐ Pain / discomfort (both during and after procedure)
- ☐ Swelling
- ☐ Bleeding
- ☐ Changes in my bite
- ☐ New or worsening infection (may require antibiotics or additional treatment)
- ☐ Bruising
- ☐ Sore / stiff jaws

Paraesthesia. I understand that in some cases the roots of the teeth may be very close to the nerves in the jaw that control the sensation and function of the lips, tongue, chin, and mouth. In rare cases, these nerves may be injured during an extraction, which may lead to temporary or permanent numbness, itching, burning, or tingling of the lips, tongue, chin, or mouth.

Retained Roots. I understand that the roots of teeth sometimes break off during an extraction, leaving small fragments in the jaw. Depending on their size and location, the root fragments may be left in the jaw or I may require additional surgery to have them removed.

Sinus Perforation (upper jaw). I understand that in some cases the roots of upper teeth are close to the sinus cavities and may perforate or injure the sinus during an extraction. If this occurs, I may require additional treatment including medication or further surgery.

Other Complications. I understand that other less common complications of extractions may include: “dry socket” / loss of blood clot; jaw fracture; accidental swallowing or aspiration of extracted teeth; damage to adjacent teeth or soft tissues; and/or shifting of remaining teeth following the extraction. I understand that if any unexpected difficulties or complications arise during treatment, I may require additional procedures.

Additional Risks. Other specific risks that have been discussed with me: _____

General Prognosis

Good ☐ Average ☐ Unfavorable ☐

Acknowledgement and Consent

☐ I have received information about and discussed the proposed treatment with Dr. _____, including its risks, benefits, and alternatives, including their respective costs.

☐ I have had an opportunity to ask questions about the treatment and have had my questions answered to my satisfaction. I understand that I may change my mind about treatment and choose not to proceed.

☐ I have provided a complete and accurate medical history, including all medications, drugs, and supplements.

☐ I understand that my personal health and other relevant information may be shared with my insurance provider and other health professionals in conjunction with my treatment and so consent.

☐ I understand that dentistry is not an exact science and that particular clinical outcomes cannot be guaranteed.

☐ I understand that the success of the treatment depends on my cooperation with regards to following all post-operative instructions and on taking medication as prescribed.

☐ I consent to and wish to proceed with the recommended treatment.

Patient: _____

Witness: _____

Date: _____