



Dental Clinic
Harrow LONDON

CONSENT FOR EXTRACTION

DATE.....

Patient Details

Name:

D.O.B:

Teeth to be Extracted:

Reason for Proposed Treatment: Relieve Pain / Remove Infection Source / Orthodontics

There are risks related to this surgical procedure that may involve cutting of the gum, removal of bone and placement of stitches. These risks include, but are not limited to:

All patients should assume that there **WILL BE** some soreness, pain, discomfort, swelling and bruising following a tooth extraction which may require pain relief medication. This is sometimes for 2 weeks or more.

1. Dry Socket (delayed healing) and infection a few days after extraction, which may require antibiotics and further visits.
2. Mild bleeding is normal. Rarely it may be prolonged and require additional care.
3. Restricted mouth opening during healing with possible clicking/pain of the jaw joint (TMJ).



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4. Damage to adjacent teeth/fillings/crowns/bridges/implants.
5. Drug reactions or allergies.
6. Sharp ridges or bone splinters which may require additional surgery to smooth.
7. Portions of tooth or root remaining - these may be deliberately left in place to avoid damage to nearby vital structures such as nerves or the sinus cavity.
8. **Upper Teeth:** Some roots of upper back teeth are very close to the sinus. It is possible for them to be displaced into the sinus, or for a hole to be created between the sinus and the mouth. This is called an OAC. This may heal with antibiotics. Do not blow your nose hard for 2 weeks following extraction. If this does not heal it will require referral to a specialist for a procedure to close the hole.
9. **Numbness and Nerve Injury.** It is possible following the removal of a tooth that the lip, chin, teeth, gums or tongue could feel numb. There may also be pain, loss of taste and change in speech. This could remain for a few days, weeks or months. Normally this gradually resolves, but in some cases it is permanent.
10. Jaw Fracture. Whilst rare, this requires referral to a specialist for surgery.
11. Sometimes, if the tooth is very infected, the tooth does not numb and a second visit is needed.

A referral to a specialist oral surgeon for further treatment or investigation may be necessary in the event of any of the above.

Statement of Dentist

I have explained the procedure to the patient/legal guardian.

I have discussed what the procedure is likely to involve, the benefits and risks – as well as the benefits and risks of alternative treatment, including no treatment.

Date:

Dr Hannah Flynn
 BChD(Leeds) MDGDP(UK), MFDS RCS(Eng),
 DipOralSurg RCS(Eng), MScRestDent, DipDentSed, PGCertClinEd, FHEA.



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Statement of Patient

I have read and discussed the above with the dentist and have had the proposed treatment explained to me and my questions answered.

I am aware of the other forms of treatment available to me, including referral to a specialist oral surgeon and the option of no treatment.

I have been given sufficient information and time (including the option of returning on a different day).

I understand that the procedure will involve local anaesthesia.

I give my consent to the planned surgery.

Patient Name:

Patient Signature:

Date:

Legal Guardian Name: (if applicable)



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