

MT. TABOR DENTAL, L.L.C.
Todd L. Beck, DMD

CONSENT FOR ORAL SURGERY

The oral surgery procedure to be performed:

has been explained to me to my satisfaction, and I understand the explanation.

I consent to this surgical procedure as well as to any other surgery that is necessary or advisable in the judgment of Dr. Beck. I agree to the use of local anesthesia for this procedure.

Additionally, I agree to the use of nitrous oxide sedation _____(initial), oral sedation _____(initial) for this procedure when such sedation is judged to be appropriate and necessary for this procedure.

I understand that complications can arise during surgery and with the use of drugs and anesthesia. The most common complications from oral surgical procedures are pain, infection, swelling, bleeding, bruising and discoloration. I understand that occasionally more serious complications can occur such as: temporary or permanent numbness, paralysis of facial muscles, and changes in the occlusion or temporomandibular joint (jaw joint or TMJ); possible injury to the adjacent teeth and tissues; bone fractures and sinus complications; referred pain to the head or neck; nausea, vomiting, and allergic reactions; and delayed healing. Although life-threatening complications from this outlined surgery are extremely rare, there are inherent risks of any sedation, anesthetic and surgical procedure.

Sedatives, anesthetics and post-op prescriptions may cause drowsiness and lack of awareness and coordination. These side effects could be aggravated by the use of alcohol or other drugs. I understand and agree not to operate any vehicle or hazardous device or to work while taking such medications until fully recovered from their effects.

I have received post-operative instructions and I fully understand them. Furthermore, it has been explained to me and I fully understand that there is no warranty or guarantee as to any result and/or cure. I understand that I can ask for a full recital of any and all possible risks and alternatives to this procedure if I so choose.

Patient Name (please print)

Patient Signature

Date

Witness Signature