

CONSENT for EXTRactions at Bartoletti Dental

Dr. Maria Bartoletti DMD, MPH has recommended that one or more of your teeth be extracted based upon your symptoms, examination of your mouth, examination of your x-rays, and your personal choice.

The teeth are _____

The other options for treatment are **1-DO NOTHING, 2-SEE ORAL SURGEON, 3-ROOT CANAL/CROWN.** The above treatment options and the pros/cons of treatment have been discussed and explained, including the option of performing no treatment or getting a second opinion. Extraction of a tooth is irreversible.

I understand that without treatment my condition may worsen over time and the risk to my health might include, but are not limited to the following: swelling, pain, infection (possibly life threatening), or cyst formation.

Extraction of your tooth means the removal of your tooth by simple or surgical means. Your doctor will determine which method necessary for each tooth and the method may change during the treatment based on the situation.

I understand the following risks and side effects can occur during the course of a normal extraction:

- You may experience pain, swelling, or bleeding (possibly causing facial bruising). Any pain or swelling should peak between 4 to 72 hours after treatment and improve after that. Should any of these problems be more severe or last longer than you anticipated, call the clinic immediately.
- Teeth next to the tooth/teeth to be extracted may be damaged, especially teeth with large fillings or crowns. If these restorations come out or become loosened, Dr. Bartoletti is NOT liable for these.
- Nerves which supply sensation to your mouth, chin, lips, tongue, and gum tissue may run near the area of the extraction. You may experience some change in normal sensation (itching, burning, tingling, or loss of sensation) for a short or indefinite period of time, most cases return to normal within 6 months but in rare cases may be permanent.
- For teeth in the upper jaw, following the extraction a hole may be present between the sinus and the mouth. This is because the roots of some upper teeth end just below or in the sinus. Additionally, a portion of the root can be lost into the sinus in some cases. If either occurs, you may need to see an oral surgeon for additional treatment.
- While extracting teeth, the jaw is open and possibly strained which may cause stiffness of the jaws of facial muscles and change in the bite or jaw joints that may last for several days or weeks.
- In rare cases fracture of the lower jaw (mandible) may occur, while extracting mandibular teeth, requiring further treatment.
- The roots of teeth, especially root canaled teeth, can be brittle and small and will occasionally break during the extraction. Normally it can be safely removed; however, the piece may be left in the bone if it is close to the sinus, a nerve, or other structure.
- Teeth cannot be extracted if we cannot see, due to this, you may experience stretching of the corner of the mouth resulting in tearing or bruising. This is temporary and will heal and occurs primarily during extraction of the back molars.
- Infection of the treatment area may occur and require additional treatment.
- There can be sharp ridges or bone splinters, which form later and sometimes require additional treatment.
- The most common post-surgical complication is a dry socket. It is a painful condition that occurs when the protective blood clot in the socket, where the tooth was removed, is dislodged or infected, causing irritation to the nerve endings. Although this condition is temporary and not harmful, it is painful. If this occurs, contact the clinic for further treatment.

I understand if the doctor prescribes narcotic pain medications I should not consume alcohol or other drugs because they can increase the drowsiness, lack of awareness, and lack of coordination these medications cause. I have been advised not to work and not to operate any vehicle, automobile, or hazardous devices while taking such medications and until fully recovered from their effects.

By signing below I acknowledge I have read this document, understand the information presented, and have had all of my questions answered satisfactorily. **I would like a copy of this form _____ yes _____ no**

x _____

Patient Name or Parent/Guardian (Signature)

x _____

Patient or Parent/Guardian (Printed)

Date

Doctor Signature

Date

Witness Signature

Date