

## ***Braden C. Seamons D.D.S.***

151 Hekili Street, Ste 250 | Kailua, Hawaii 96734  
(808) 263-1100  
615 Piikoi St., Ste 2011 | Honolulu, Hawaii 96814  
(808)596-7788

### **INFORMED CONSENT FOR TOOTH REMOVAL**

DEAR PATIENT:

You have a right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo the procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

#### **POSSIBLE COMPLICATIONS TO ALL SURGERIES OR EXTRACTIONS**

- 1) ***Swelling, bruising & pain:*** These can occur with any surgery and vary from patient to patient and from one surgery to another.
- 2) ***Trismus:*** This is a limited opening of the jaw due to inflammation and/or swelling in the muscles. This is most common with impacted tooth removal, but it is possible with almost any surgery.
- 3) ***Infection:*** This is possible with any surgical procedure and may require further surgery and/or medications if it does occur.
- 4) ***Bleeding:*** Although significant bleeding can occur during or after surgery it is not common. Some bleeding is, however, usual for most surgeries and is normally controlled by following the post-op instruction sheet.
- 5) ***Drug Reactions:*** A reaction is possible from any medication given and could include nausea, rash, anaphylactic shock and/or death.
- 6) ***TMJ Dysfunction:*** This means the jaw joint (tempomandibular joint) may not function properly and, although rare, may require treatment ranging from use of heat and rest to further surgery.
- 7) ***Numbness:*** Due to the proximity of root on lower teeth to the nerve (especially wisdom teeth), it is possible to bruise or damage the nerve with removal of a tooth. Numbness, tingling or having a burning sensation could remain for days, weeks, or possibly permanently.
- 8) ***Sinus Involvement:*** Due to the proximity of upper teeth (especially the upper back teeth) to the sinus, it is possible an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. A possible sinus infection and/or permanent opening from the mouth to the sinus could develop and may require medication and/or later surgery to correct.
- 9) ***Local Anesthesia:*** Certain possible risks exist which, although uncommon or rare, could include pain, swelling, bruising, infection, nerve damage, idiosyncratic or allergic reactions, which could result in heart attacks, stroke, brain damage and/or death.

## ALL TOOTH EXTRACTIONS

- 1) ***Dry Socket***: This is a significant pain in the jaw and ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth, but it is possible with any extraction. This may require additional office visits to treat.
- 2) ***Damage to Other Filling and/or Teeth***: Due to the close proximity of teeth, it is possible to damage other teeth and/or fillings when a tooth is removed.
- 3) ***Sharp Ridges or Bone Splinters***: Occasionally, after an extraction, the edge of the socket will be sharp or a bone splinter will come out through the gum. This may require surgery to smooth or remove the bone splinter.
- 4) ***Incomplete Removal of Tooth Fragments***: There are times the doctor may decide to leave in a fragment or root of a tooth in order to avoid doing damage to adjacent structures such as nerves, sinuses, etc.
- 5) ***Other or Additional Complications***:

---

**PATIENTS NAME:** \_\_\_\_\_

This is my consent for oral surgery to be performed by Dr. Braden C. Seamons, D.D.S. I understand the surgical team will perform necessary procedures and administer the necessary anesthesia. I have been informed of possible alternative treatment plans, including as an option, no treatment at all. I understand the doctor may discover other or different conditions which may require additional or different procedures than those planned. I authorize him to perform such other procedures, which are advisable in his professional judgement.

No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective re-treatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that therapy would be helpful, and that a worsening of my condition could occur without the recommended treatment.

I have read and/or discussed the preceding risks, which may occur in connection with this procedure. I have been given the opportunity to ask any questions or request a more detailed explanation. I have had the opportunity to discuss with the doctor my past medical and health history including any serious problems, injuries, or allergies. I have been advised of medication, drug, or anesthetic complications such as drowsiness, lack of awareness and coordination, or lack of judgement; which can be increased by the use of alcohol or other drugs. I have also been advised not to operate any vehicle or hazardous device while taking any such medications and/or drugs until fully recovered from their effects.

I have been given and understand sufficient information to give my consent to the surgery.

---

**Date**

---

**Signature of Patient /Legally Responsible Person**