

# Manteca Dental Care

| Rick Van Tran, DDS |

## Informed Consent Form for Oral Surgery

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

### Proposed Treatment

Extraction(s) of Tooth/Teeth # \_\_\_\_\_

The doctor and/or staff have explained to me the proposed treatment and the anticipated results of such treatment. I understand this is an elective procedure and that there are other forms of treatment available, including the option of no treatment. The doctor has also explained to me that there are certain potential risks in the treatment plan or procedure.

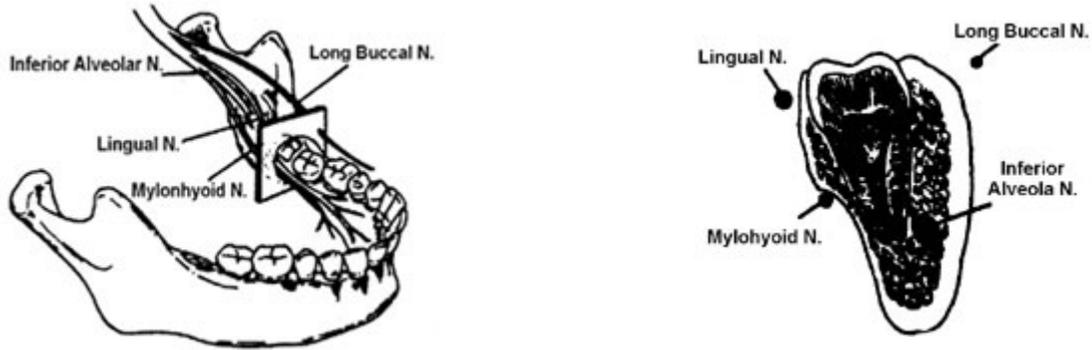
### General Oral Surgery Procedures Potential Risks and Complications:

- Injury to adjacent teeth or fillings.
- Post-operative infection requiring additional treatment.
- Injury to a nerve resulting in numbness or tingling of the chin, lip, cheek, gums, and or tongue to the operated side. This may persist for several weeks, months, or in remote instances, permanently.
- Root tip(s) may be left in the jaw when its removal would require extensive surgery.
- In rare circumstances, cardiac arrest or breakage of the jaw.
- Several days at home may be required due to postoperative swelling, bleeding, and discomfort.
- Stretching of the corners of the mouth, resulting in cracking and/or bruising of the mouth/lips.
- Opening the sinuses (a normal cavity above the upper teeth only) requiring more surgery.
- Restricted mouth opening for several days or weeks, with possible dislocation of the temporomandibular (jaw) joint.
- A dry socket [alveolar osteitis], where the blood clot expected to occupy the extraction site and initiate its healing has instead been lost and causes pain or discomfort, that may last for days if not properly treated.

### Wisdom Teeth Extractions (in addition to the above):

- Damage to the Inferior Dental Nerve, which gives feeling to the lower teeth, lower lip and chin, on each side of the Mandible (lower jaw). This nerve passes very close to the root of the lower wisdom tooth (often in contact with it) and cannot be seen on the radiographs. This nerve is very close to the area of surgery therefore there is a risk of some damage to the nerve.
- Damage to the Lingual Nerve on each side of the Mandible (lower jaw). This nerve passes very close to the tongue side of the lower wisdom tooth and posterior mandibular teeth and gives feeling and taste to that side of the tongue. The path of this nerve is different in each person and cannot be known by the doctor. This nerve is very close to the area of surgery therefore there is a risk of some damage to the nerve. This nerve can be stretched or damaged in the normal course of removing a tooth or when the needle used to place the numbing anesthetics is inserted in the gums.

If either of these nerves is damaged, it could result in numbness in the lip and/or tongue on the surgery side. Should either of these happen, we will follow you closely to evaluate the regeneration of the nerve. This numbness usually clears up over several months' time; however, in rare cases, it can be permanent. If there is a continuing problem, it is possible that we would refer you to a specialist to reconstruct the nerve with microscopic surgery.



Unforeseen conditions may arise during the procedure that requires a different procedure than as set forth above. Upon my consent, I will authorize the doctor and any associates to perform such procedures when, in their professional judgment, they are necessary.

I understand that the medications, drugs, anesthetic, and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and not to operate any vehicle, automobile, or hazardous devices while taking such medications until I am fully recovered from their effects. I have also been advised not to smoke for two weeks after the surgery.

By signing below, I give my permission for the anesthetic and oral surgical procedures agreed upon by myself and Dr. Rick Van Tran. The proposed surgery and risks have been fully explained to my satisfaction and I have had the opportunity to ask questions. I also verify that the information given on my medical history sheet is correct to the best of my knowledge.

\_\_\_\_\_  
Patient/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date