

Consent for Hospital Based Dental Care

Hospital based treatment has been recommended by your dentist: Full mouth dental rehabilitation under general anesthesia to include Radiographs, Cleaning, Restorations (fillings) and extractions.

It is your right to accept or decline the recommendation. This document is intended to help you make an informed decision regarding the treatment. A separate informed consent conversation will take place with the hospital anesthesiologist regarding general anesthesia. Please read this document carefully and discuss it with your dentist, along with any questions that you may have regarding your diagnosis, treatment options, and the related risks.

Possible Complications With Treatment

- **Infection.** This is the most serious complication following dental surgery as in very rare circumstances dental infections can result in death. Your dentist will advise you of the signs of infection. If any of these signs occur, you should call your dentist or doctor as soon as possible.
- **Nerve Damage.** The mouth is full of nerves. Some may be touching a tooth, may be near a tooth, or which may be irritated by swelling after an extraction. Irritation or injury to these nerves may cause temporary numbness or tingling sensations in your mouth, chin, lips, tongue, gums, or nearby tissues. While these conditions usually resolve over several days or weeks, they should always be reported to your dentist. In rare instances this condition can be permanent.
- **Sinus Involvement.** The roots of your upper teeth are often very close to your sinus. At times, so close that when a tooth is extracted a small hole can develop between the sinus and the tooth socket. If this occurs additional treatment may be necessary to repair of the hole.
- **Dry Socket.** This condition occurs when the protective blood clot in the tooth socket is dislodged, exposing nerve endings. Although the condition is temporary and easily treated, it is painful and you should contact your dentist to discuss further treatment options.
- **Damage to Other Teeth.** Teeth next to the tooth being extracted may be chipped or damaged.
- **Pain, Swelling, or Bleeding.** This is normal and should only last a few days.
- **Swallowing or Aspiration of Objects.** This is a risk when working in the oral environment.
- **Jaw Pain.** Because your mouth is open in an unusual fashion during the extraction, patients will sometimes experience temporary pain, discomfort, or limitations of the jaw joint.
- **Incomplete Removal.** Sometimes the tooth extraction will be incomplete and small pieces of tooth are left behind. Sometimes a patient will develop bone spurs that feel like pieces of tooth have been left behind. If these are irritating to you, they can be addressed by an additional extraction effort.
- **Failure to Heal.** Some patients experience difficulty with healing, often due to other medical issues. Please make sure you talk with your dentist about your other health conditions in the event that they may compromise your ability to heal.
- **Anesthetic Injection.** Your dentist uses anesthetic injections to numb the area of treatment. Without this injection dental care can be exceptionally painful. These injections are safe for nearly everyone, but in very rare circumstances a patient may experience an allergic reaction to the anesthetic or may suffer nerve injury related to the injection.
- **Other Complications.** This list is not exhaustive. Other risks may exist or may arise because people often respond differently to dental care. After treatment you should communicate with your dentist if you feel you have developed any symptoms or conditions not listed on this form.

By signing below, you affirm that you have read this document, understand this document, have had the treatment, alternatives and risks explained to you by your dentist, or you are voluntarily waiving such conversations.

If the Guardian cannot be present at the time of surgery, they must be near a phone between 6:00am to 5:00pm on the day of care. This contact number is important to obtain further consent if deemed necessary for any treatment that could not be previously discussed. Failure to provide this contact number could cancel the care. ***Phone: ()*** _____

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Printed Name: _____

Doctor Signature: _____ Date: _____