

• **Dr. Denis Nagy Inc. - Oral Surgery Treatment Informed Consent:** •

Please read carefully, and initial. Please ask Dr. Nagy if you require additional information.

DATE: *m/d/y* _____

D.O.B.: *m/d/y* _____

PATIENT NAME: *first* _____ *last* _____ I understand that oral surgery and/or dental extractions include inherent risks such as, but not limited to the following:

1. Nerve Injury: This would include injuries causing numbness of the lips, the tongue, and any tissues of the mouth and/or cheeks or face. The numbness which could occur may be of a temporary nature, lasting a few days, a few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.

2. Bleeding, bruising, and swelling: Some moderate bleeding may last several hours. If profuse, you must contact us as soon as possible. Some swelling is normal, but if severe, you should notify us. Swelling usually starts to subside after a few days. Bruises may persist for a week or more.

3. Dry Socket: This occurs on occasion when teeth are extracted and is a result of a healing clot dislodgement during the healing process. Dry sockets can be painful if not treated. These usually occur a few days after surgery, more common with smoking, and/or excessive exercise.

4. Sinus involvement: Root tips of upper teeth lie in close proximity to the maxillary sinus floor. Occasionally during extractions or other surgical procedures the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed. Rarely root tips may need to be retrieved from the sinus.

5. Infection: No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile oral environment, for infections to occur postoperatively. These may be of a serious nature. Should severe swelling occur, particularly accompanied with fever, malaise, swallowing difficulty or sore throat, professional attention should be received as soon as possible. Call the office as soon as possible.

6. Fractured jaw, roots, bone fragments, or drill tip separation: Although extreme care will be used, the jaw, teeth roots, bone spicules, or drill tip used in the extraction procedure may inadvertently fracture without being noticed possibly requiring additional treatment at a later time. If obviously noticeable, a decision may be made to leave a small piece of root, bone fragment, or drill tip in place if removal may require additional surgery, deemed too high a risk for possible further complications.

7. Injury / damage to adjacent teeth or fillings: This can occur on occasion even when using careful surgical technique.

OVER

8. Bacterial Endocarditis: Because of normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels, and Bacterial Endocarditis (an infection of the heart) could occur. It is my responsibility to inform Dr. Nagy of any heart disease / heart valve surgery / valve disease known or suspected, or of any artificial joints I may have.

9. Unusual reactions to medications given or prescribed: Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions. Please call Dr. Nagy if you experience any rash, itchiness, swallowing difficulty, or difficulty breathing. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.

10. It is my responsibility: to seek attention should any undue circumstances occur postoperatively, and I shall diligently follow any pre-operative and post-operative instructions given to me.

Informed Consent as a patient, I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and have received answers to my satisfaction.

I do voluntarily assume any and all possible risks, including the risk of harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved.

No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me.

The fees and payment for this service have been explained to me and are satisfactory.

By signing this form, I am freely giving my consent to allow and authorize Dr. Denis Nagy to render any treatments necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Name of Patient AND if applicable Guardian / Power of Attorney

Signature of Patient / Guardian / Power of Attorney & Date

X _____ DATE: m/d/y _____

Signature of Witness

X _____ DATE: m/d/y _____