



# DENTAL SURGEONS & IMPLANT CENTERS OF FALL RIVER, DARTMOUTH, AND MIDDLEBORO

## CONSENT FOR DIAGNOSIS AND SURGICAL PROCEDURES

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

Date \_\_\_\_\_

This consent form is intended to make you better informed so that you may give or withhold your consent to the proposed diagnostic and therapeutic procedure(s).

As I am presenting myself/child to the office of Dental Surgeons & Implant Centers, I agree to diagnostic procedures (including x-rays) that are deemed necessary for the proper determination of my condition.

Dental Surgeons & Implant Centers has explained to me the following conditions exist in my

\_\_\_\_\_ case: \_\_\_\_\_

and the recommended treatment will be \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

And that this will be performed by Dental Surgeons & Implant Centers and others under their discretion utilizing, local anesthesia, nitrous oxide anesthesia, intravenous sedation with local anesthesia, general anesthesia with local anesthesia.

Alternative treatments would be: \_\_\_\_\_

\_\_\_\_\_

### **BENEFITS/RISKS OF PROPOSED PROCEDURE(S):**

I am aware that the practice of anesthesia and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of either the anesthesia or surgery. Just as there may be benefits to the anesthesia and procedure(s) proposed, I understand that both of these procedures may involve risks. These risks may include but are not limited to the following:

1. Allergic or adverse reactions to the medication or materials.
2. Post operative swelling, pain, bleeding and/or bruising.
3. Delayed recovery and/or difficult opening the mouth.
4. Infections requiring extended treatment.
5. Initiation or exacerbations of TMJ (Jaw joint) problems requiring treatment.
6. Openings in the sinus possible requiring further treatment.
7. Recurrence of growths after removal
8. Decision to leave a small piece of tooth or filling in the jaw when removal would require extensive surgery.
9. Soft tissue may be cut which might require stitches.
10. Teeth may be damaged requiring refilling, crown, root canal treatment or even extraction.

