

**INFORMED CONSENT**

**TOOTH REMOVAL (EXTRACTION)**

Dr. Burchfield has explained the benefits and risks of tooth removal to me. I understand that surgical extractions may be necessary.

I understand and accept the treatment recommended for me by Dr. Burchfield. I further understand that there may be some unwanted complications, some of which are listed below. No guaranties have been made or implied. Dr. Burchfield has discussed whether or not the tooth/teeth he has proposed be extracted are impacted to any degree. I understand that an impacted tooth may have begun to erupt in the wrong direction and may be blocked from fully erupting by bone and adjacent teeth. I understand that allowing impacted teeth to remain, may result in infection and/or cyst formation which may destroy bone; damage the roots of adjacent teeth from pressure of the malposed tooth/teeth; and/or create a food trap which may result in decay. Alternative treatment(s) or the option of no treatment has been explained to me. I understand the risks of not having the extraction(s) performed, whether the tooth/teeth are impacted, partially impacted or not impacted at all, include, but are not limited to: infection; swelling; pain; periodontal disease; malocclusion; and systemic disease. All of my questions have been addressed.

Proposed fees have been explained to me, as have third party insurance benefits. I understand that third party benefits may be different than discussed by Dr. Burchfield as they are not under the control of this office.

Treatment risks/unwanted consequences may be (but are not limited to):

- Reaction to medications/anesthetic
- Temporary or permanent numbness or tingling of the lip, chin, tongue or other areas
- Post treatment bleeding
- Post treatment infection
- Post treatment tissue swelling
- Root fragments may break; they may be left in the jaw
- Sinus involvement when upper teeth are removed, which may require additional treatment
- Jaw or alveolar bone may fracture during tooth removal, which may require additional treatment
- Healing may be delayed and require additional treatment such as for a dry socket
- Sensitivity, pain
- Damage to adjacent teeth or restorations

**I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION GIVEN ME VERBALLY. BY MY SIGNATURE BELOW I CONSENT TO THE TREATMENT DESCRIBED IN THIS PAPER.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_