

## CONSENT FOR ORAL AND MAXILLOFACIAL SURGERY

I, \_\_\_\_\_, hereby request and authorize, **SAMUEL LEE, D.M.D., M.D.SC.**, and any assistants that he/she may designate, to perform the following procedure(s):

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as well as any other advisable or necessary procedures which might be indicated in order to complete the surgery for myself or \_\_\_\_\_ also agree to the use of local anesthesia and request the use of:

- Nitrous Oxide (i.e., laughing gas)
- Oral Anxiolysis (i.e., Oral Sedation)
- I.V. sedation (i.e., "be asleep")

I understand that if I choose I.V. Sedation, the doctor may have to adjust the level of sedation/general anesthetic depending on the difficulty of surgery or my response to the sedation/general anesthetic (for example, I may request to be "asleep" for the procedure; however, may find that I may be sedated or partially asleep for part of the procedure).

I have been informed and understand that occasionally complications may arise from surgery and anesthesia including but not limited to the following:

- Pain, swelling, bleeding, bruising (and skin discoloration), which may require additional treatment and/or several days of at home recuperation
- Restricted mouth opening which may rarely last for weeks (usual related to muscle soreness; however, rarely to stress on the jaw joint – TMJ)
- Infection of soft-tissue, bone and/or sinus which may require additional treatment
- With the extraction on of a lower tooth, there may be injury to the nerve, which gives sensation and/or taste to the lower lip, tongue, and chin), although rare, it may be permanent (this may result in altered sensation including numbness and/or pain to these areas)
- With the extraction of an upper tooth there may be an opening between the mouth and sinus that may require additional surgery
- Injury to adjacent teeth, caps, fillings
- Discomfort, swelling, bruising, and/or inflammation (phlebitis) at the site where the intravenous drugs are placed into the vein. This may require hospitalization and/or surgery. In rare situations permanent discomfort or restricted arm function may develop. Allergic reaction or adverse drug reaction to the drugs which may result in rash, itching, brain damage, and/or death.

**DESCRIPTION OF THE GRAFT MATERIAL (IF NEEDED):** Sometimes, supplemental bone grafting procedure may be necessary after an extraction. This supplemental bone is placed in the form of bone particles obtained from the patient's jaw at sites around the implant site or by the use of exogenous sources in accordance with usual practices. They include either purified bovine bone or purified demineralized freeze-dried bone from a tissue bank. The alternative to these is synthetic bone containing calcium phosphate particles. The purpose of these materials is to stimulate the formation of new bone and gets incorporated into the new bone and cannot be removed. If used, The barrier membrane is made from purified collagen usually derived from bovine sources. I give consent for my doctor to use either of these materials using the best clinical judgment. *I will indicate any objections about using any of the exogenous bone sources at the bottom of the form\*.*

# contemporary prosthodontics

I understand that I may have the above surgery performed with local anesthesia (i.e., novocaine). If I elect I.V. sedation (i.e., "put to sleep"), I realize that the doctor reserves the right to adjust my anesthetic between being-sedated (awake, however relaxed) and asleep (general anesthetic) as necessary for my safety and the complexity of the surgery. If I receive any medications to sedate me for the procedure, it has been explained to me and I understand that:

- I must not have anything to eat or drink after midnight the day prior to surgery unless otherwise instructed by my doctor
- I must have an escort (older than 18) who must be available to care for me until fully recovered from the sedation/general anesthetic. This is a minimum until the next day or 24 hours after surgery.
- I must go directly home after surgery and have been instructed not to operate complicated and/or potentially dangerous machinery or devices (for example: car, stove, cooking), and/or make important decisions (such as signing documents) until fully recovered from the anesthetic medication (normally 24 hours). Narcotics prescribed for post-operative pain may also delay recovery from surgery (with or without sedation or general anesthesia).
- I understand that I must inform the doctor of:
  - any medical condition (illness) that I may have
  - any medications (prescribed or over the counter), vitamins, and/or herbs that I may be taking
  - any "street drugs" (such as cocaine) that I may be taking or have used in the past
  - If I am pregnant, could be pregnant, or trying to become pregnant
    - I understand that failure to inform my doctor of any of the above can result in severe harm and/or death to either myself or my baby

It has been explained to me, and I fully understand, that a perfect result is not, and cannot be guaranteed or warranted. I have discussed alternative treatments with my doctor and understand that I may elect to have no treatment.

*\*I object to the use of exogenous bone graft- INDICATE THE TYPE, IF ANY, OBJECTION HERE:*

**PLEASE ASK-YOUR DOCTOR IF YOU HAVE ANY QUESTIONS CONCERNING THIS CONSENT FORM.**

\_\_\_\_\_  
**SIGNATURE OF PATIENT**

\_\_\_\_\_  
**DATE**

I certify that the matters set forth above were explained fully to the patient, that the patient was given an opportunity to ask questions, that all questions asked were answered in a satisfactory manner, and that all the blanks in this form were filled in prior to signature by the patient. Where this form has been signed by the patient rather than his/her representative, I certify that, in my judgement, the patient was competent to understand the matters discussed and to give his/her consent to treatment.

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**SIGNATURE OF DENTAL SURGEON**

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**DATE**