

ABSOLUTE DENTAL CARE

Family, Reconstructive & Implant Dentistry

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INFORMED CONSENT FOR ORAL SURGERY AND ANESTHESIA

Please read BOTH PAGES of this informed consent carefully. After each paragraph the patient or guardian is to initial after reading.

Thus is my consent For Dr. Jean F. Reitter perform the following treatment/procedure/surgery/

I understand that the purpose of the procedure/ surgery is to treat and possibly correct my diseased oral and maxillofacial tissues. The doctor has advised me that if this condition persists without treatment or surgery my present condition may worsen in time, and the risks to my health may include, but are not limited to the following, if any.

Dr. Afar has explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that in this case such operative risks include, but are not limited to the following:

- 1 Postoperative discomfort and swelling that may necessitate several days of home recuperation
- 2 Heavy bleeding that may be prolonged.
- 3 Injury to adjacent teeth, fillings, or caps.
- 4 Postoperative infection requiring additional treatment.
- 5 Stretching of the corners of the mouth with cracking.
- 6 Stiffness or tightness of the jaws for several weeks.
- 7 Deciding to leave a small piece of tooth root in the bone if its removal could injure adjacent teeth Or nerves.
- 8 Possible bone breakage (highly unlikely).
- 9 Injury to the nerve underlying the lower teeth resulting in loss of feeling of the lip. Teeth, Chin. Gums, or tongue on the affected side; this may persist for several weeks, months, or in rare cases permanently.
- 10 A fistula (hole) into the maxillary sinus requiring additional surgery.
- 11 If intravenous drugs are used, soreness and discoloration at the injection site.
- 12 Other

Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile, or hazardous devices, or work while taking such medication and drugs. I will not operate any vehicle or hazardous device for at least 24 hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me home after discharge from surgery.