



Informed Consent

Soft Tissue Oral Surgery & Anesthesia

Patient Name: _____

Today's Date: ____/____/____

Side effects and complications can occur following any surgical procedure, including oral surgery. Common side effects include swelling, discoloration of skin, sensitivity of teeth, and limitation of jaw opening.

Other Potential Problems May Include, But Are Not Limited To:

Infection: Although uncommon, it may occur despite the fact that aseptic (sterile) techniques are used.

Altered Sensation (e.g. numbness) of the Lips, Chin, Tongue and Teeth: Abnormal sensation may be experienced after any soft tissue procedure. Most are temporary, and normal sensation usually returns within a few days to a few months. Only in rare cases is the numbness permanent.

Discoloration and/or Swelling at Intravenous Site with Discomfort and Stiffness: Intravenous medications may be irritating, especially to small veins. The irritation may result in tenderness and swelling along the course of the vein. Rarely, alteration of hand and arm sensation may be experienced.

Temporomandibular (Jaw) Joint (TMJ) Discomfort: Oral surgical procedures may be associated with permanent discomfort and dysfunction (clicking and locking) of the jaw joints and/or surrounding muscles.

Anesthetic Reactions: Vomiting is a potentially hazardous life threatening complication that can occur if food or drink have been taken with 6 hours prior to surgery. Alcohol and other medications or drugs may increase drowsiness, lack of awareness and lack of coordination. Activity should be limited, including driving, for 24 hours following anesthesia.

Decreased Effectiveness of Oral Contraceptives: Antibiotics may decrease the effectiveness of oral contraceptives during the cycle in which they are taken. Alternative methods of contraception should be discussed with your physician.

Unforeseen Conditions During the Course of Surgery: Unforeseen conditions may occur which necessitate modifying or discontinuing the planned procedure.

I hereby authorize Dr. Conlon/Bruusch/Ozment/Richard/VanOven and his staff to perform the following procedure(s):

"I have been advised of the risks of this surgery, the possible complications and the alternatives available to me. I have read the printed material on complications and side effects. I have been given an opportunity to ask questions about the surgery/anesthesia and have had my questions answered. I am aware that potentially hazardous complications can occur if I have not followed preoperative instructions and that surgery or anesthesia could result in serious bodily injury. I am fully aware that a perfect result cannot be guaranteed. I certify that I speak, read and write English. By signing this form I am freely giving my informed consent to the surgery."

X _____ / /
Signature (Parent or Guardian, if minor) Date

X _____ / / X _____ / /
Signature of Doctor Date Signature of Witness Date