



**General Dentistry**  
1591 Yanceyville St., STE 200 B  
(336) 272-6235

### CONSENT FOR DENTAL EXTRACTION

**Patient Name** \_\_\_\_\_

An extraction involves removing teeth. Depending on their condition, this may require removing gum tissue or cutting tooth or bone.

**Risks:** Any surgical procedure has certain potential risks. These may include, but are not limited to, the following:

1. Bleeding, swelling, discomfort and infection
2. Reaction to anesthesia
3. Stiff or sore jaw muscles
4. Dry socket
5. Damage to adjacent teeth
6. Opening into the sinus (upper teeth)
7. Nerve damage (lower teeth)
8. Root fragments
9. Jaw fracture

**Alternatives:** 1. No treatment 2. \_\_\_\_\_

**Benefits:** This treatment is to relieve your symptoms. Without treatment, you may experience pain, infection and bone loss.

**Questions:** All of my questions about this procedure have been answered fully to my satisfaction.

Every reasonable effort will be made to ensure that your condition is treated properly, although it is not possible to guarantee perfect results.

I give my consent for the proposed treatment: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Dentist