

INFORMED CONSENT FOR ORAL AND MAXILLOFACIAL SURGERY

Explained in: (Check) English Spanish Other _____ (specific language)

Procedure: _____

Alternative to surgery:

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications.
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask question about my surgery with Dr. _____.	
I consent to the surgery as described.	
The above information has been explained to me in a language I can understand.	
Signature of Patient	
Date:	Time:
Doctor's printed name	Doctor's signature
Witness (Not Required)	

Inmate Name:
Register No:
Institution: