

SURGERY AND ANESTHESIA CONSENT FORM

PATIENT'S NAME

This is my consent for Michael L. Rowe, D.D.S., or any dentist or physician who may be employed by him to perform the following oral and maxillofacial surgical procedures:

I understand the doctor may discover other or different conditions that may require additional or different procedures than those planned. I authorize him to perform such other procedures as he deems necessary in his professional judgment in order to complete my surgery. I also agree to the use of a local and/or general anesthetic or sedation depending upon the judgment of the surgeon involved in my case.

Possible complications of this surgery may consist of:

1. *All Surgeries*
 - a. *Soreness, swelling, bruising, and restricted mouth opening during healing, sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ), especially when TMJ problems already exist.*
 - b. *Bleeding, usually controllable, but may be prolonged and require additional care.*
 - c. *Drug reactions or allergies.*
 - d. *Infection, possibly requiring additional care.*
2. *All Tooth Extractions*
 - a. *Dry socket: Discomfort occurring a few days after extraction; requires further care.*
 - b. *Damage to adjacent teeth or fillings.*
 - c. *Sharp ridges or bone splinters; may require additional surgery to smooth area.*
 - d. *Portions of tooth remaining - sometimes tiny root tips break off and may be deliberately left in place to avoid doing damage to nearby vital structures such as nerves or the sinus.*
3. *Lower Teeth*
 - a. *Numbness: Due to the closeness of roots to the nerve (especially wisdom teeth), it is possible to injure the nerve during the removal of the tooth. The lip, chin, gums, or tongue could thus feel numb (resembling local anesthetic injection), and this could remain for days, weeks or very rarely, permanently.*
4. *Upper Teeth*
 - a. *Sinus involvement: Due to the closeness of the roots of upper back teeth to the sinus or from a root tip being displaced into the sinus, a possible sinus infection and/or sinus opening may result, which may require medication and/or later surgery to correct.*
5. *Anesthesia*
 - a. *Local anesthesia: Certain possible risks exist that, although rare, could include pain, swelling, bruising, infection, nerve damage, and unexpected allergic reactions which could result in heart attack, stroke, brain damage and/or death.*
 - b. *Intravenous or general anesthesia: Certain possible risks exist that, although uncommon, could include nausea, pain, swelling, inflammation and/or bruising the injection site. Rare complications include nerve or blood vessel injury (phlebitis) in the arm or hand, allergic or unexpected drug reactions, pneumonia, heart attack, stroke, brain damage, and/or death.*

(PLEASE TURN OVER)

IF I AM TO HAVE INTRAVENOUS OR GENERAL ANESTHESIA, I UNDERSTAND THAT I AM TO HAVE NO FOOD OR DRINK FOR SIX HOURS BEFORE MY APPOINTMENT. TO DO OTHERWISE MAY BE LIFE THREATENING! I ADMIT THAT I HAVE INFORMED THE DOCTORS OF ANY DRUGS OR MEDICATIONS THAT I HAVE TAKEN, I AM AWARE OF THE FACT THE USE OF ILLEGAL DRUGS MAY RESULT IN INJURY OR DEATH.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination which may be worsened by the use of alcohol or other drugs. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours or until further recovered from the effects of the anesthetic, medication and drugs that may have been given me in the office for my care.

I acknowledge the receipt of and understand post operative instructions and have been given an appointment date to return. It has been explained to me and I understand there is no warranty or guarantee as to any result and/or cure. I understand I can ask for a full recital of all possible risks attendant to phases of my care.

I have read and discussed the preceding with Dr. Rowe and believe I have been given sufficient information to give my consent to the planned surgery.

Patient's (or legal guardian's) signature

Date

Witness' signature

Date

Doctor's signature

Date