



Ash Kaushesh, DDS, DABOI/ID, MAGD
Diplomate of American Board of Implant Dentistry
Master of the Academy of General Dentistry

**Complete solutions for dental implants
& reconstruction**

**including All-on-X, teeth in a day and
Full Arch rehabilitation.**



Consent For Dental Extraction

Proposed extraction Treatment of teeth # _____

Name: _____

DOB: _____

I acknowledge that oral surgery is essential for removing teeth to enhance my quality of life and alleviate conditions that may cause discomfort, damage, tooth loss, and potential systemic issues. As with any surgical procedure, dental extractions carry inherent risks, including but not limited to the following:

1. Injury to the nerves: This would include injuries causing numbness of the lips, the tongue, and any tissues of the mouth and/or cheeks or face. The numbness which could occur may be of a temporary nature, lasting a few days, a few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration.

2. Bleeding, bruising, and swelling. Some moderate bleeding may last several hours. If profuse, you must contact us as soon as possible. Some swelling is normal, but if severe, you should notify us. Swelling usually starts to subside after about 48 hours. Bruises may persist for a week or so.

3. Dry Socket: This occurs on occasion when teeth are extracted and is a result of a blood clot not forming properly during the healing process. Dry sockets can be extremely painful if not treated. These usually develop 3-4 days after the surgery.

4. Sinus involvement. In some cases, the root tips of upper teeth lie in close proximity to sinuses. Occasionally during extraction or surgical procedures the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically closed. Root tips may need to be retrieved from the Sinus.

5. Infection. No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile oral environment, for infections to occur post-operatively. These may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, professional attention should be received as soon as possible.

Initials _____

6. Fractured jaw, roots, bone fragments, or instruments: While every effort will be made to exercise utmost caution, it's important to acknowledge that in rare instances, there may be occurrences such as the fracturing of the jaw, teeth roots, bone spicules, or instruments used during the extraction procedure, necessitating retrieval and potentially referral for further care. There might arise a situation where a small piece of root, bone fragment, or instrument may need to be left in the jaw due to the potential risks associated with its removal.

7. Injury to adjacent teeth or fillings: Occasionally, despite our careful approach to surgical and extraction procedures, there is a possibility of incidental injury to adjacent teeth or fillings. Should such an event occur, Dr. Kaushesh, your dentist, will promptly notify you. Your cooperation and understanding are crucial as we collaborate diligently to mitigate any potential risks or discomfort and work toward finding a resolution together.

8. Bacterial Endocarditis: Because of normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels, and Bacterial Endocarditis (an infection of the heart) could occur. It is my responsibility as patient to inform the dentist of any heart problems known or suspected or of any artificial joints I may have.

9. Unusual reactions to medications given or prescribed: Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.

10. It is my responsibility to seek attention should any undue circumstances occur postoperatively and I shall diligently follow any pre-operative and post-operative instructions given to me.

Informed Consent As a patient, I've had the opportunity to ask questions about the surgical treatment and have received answers to my satisfaction. I willingly accept all potential risks, including the possibility of harm, associated with any aspect of this treatment, with the hope of achieving the desired results, which may or may not be attained. No assurances or guarantees have been provided regarding my recovery or the outcomes of the treatment. I have been informed about the fees for this service, which I find acceptable. By signing this document, I freely consent to allow Dr. Ash Kaushesh, DDS, a general dentist, and his team to administer any necessary or advisable treatments for my dental conditions, including the use of anesthetics and medications.

Name of Patient _____

Signature of Patient & Date _____

Signature of Doctor & Date _____