

STATEMENT OF CONSENT FOR ORAL SURGERY

I hereby authorize Dr. Pierri to perform the procedure(s) necessary to treat the condition(s) described below.

I have been informed of possible alternative methods of treatment (if any).

I have further understood that this is an elective procedure and other forms of treatment or no treatment at all are choices that I have, and that this treatment (in Dr. Pierri’s opinion) will provide the optimum relationship between teeth, jaws, muscles, and the temporomandibular (jaw) joint that is possible at this time.

The Doctor has explained to me there are certain inherent and potential risks in any treatment plan or procedure, and in this specific instance such operative risks include by are not limited to, the following:

- Postoperative discomfort and swelling, that may necessitate several days of home recuperation.
- Heavy bleeding that may be prolonged.
- Injury to adjacent teeth and fillings.
- Postoperative infection requiring additional treatment.
- Stretching of the corners of the mouth with resultant cracking and bruising.
- Restricted mouth opening for several days or weeks.
- Decision to leave a small piece of root in the jaw when it’s removal requires extensive surgery.
- Breakage of the jaw.
- Injury to the nerve underlying the teeth resulting in numbness of tingling of the chin, lip, cheek, gums, and/or tongue on the operated side and/or loss of taste: this may persist for several weeks, months, or in remote instances, permanently.
- Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
- If intravenous medication is used, soreness at injection site along the vein may develop as well as some discoloration of the injection site.
- General Anesthesia is a serious medical procedure and, whether given in a hospital or office setting, carries with it the risk of brain damage, heart attack, or death.
- Allergic reactions (previously unknown) to any of the medications used in the procedure.
- Dry Socket
- Loss of Taste
- Other:

It has been explained to me that, during the course of procedure(s), unforeseen conditions may be revealed that necessitates an extension of the original procedure(s) or different procedure(s). I therefore authorize that Dr. Pierri perform such procedures as are necessary and desirable in the exercise of professional judgement. The authority granted should extend to the treatment of all conditions that require treatment and are not known at the time the original procedure is commenced.

I consent to the administration of anesthesia, including local, intravenous, and/or general anesthesia in connection with the procedure(s) referred to above, by Dr. Pierri, and to the use of such anesthetics as may be deemed advisable.

Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness of coordination, which can be increased by the use of alcohol or other drugs: thus I have been advised not to operate any vehicle or hazardous device for at least twenty-four (24) hours after my release from surgery or until further recovered from the effects of the anesthetic medications and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after my discharge from surgery.

No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exist a risk of failure, relapse, selective re-treatment or worsening of my present condition despite the care provided. However, it is the Doctor’s opinion that therapy would be helpful, and that a worsening of my condition would occur sooner without the recommended treatment.

Due to potential for nausea and vomiting under anesthesia, I understand that I am not to eat or drink anything (or to have not had anything) by mouth for at least 8 to 10 hours prior to my surgery. **TO DO OTHERWISE MAY BE LIFE THREATENING.**

I have had an opportunity to discuss with Dr. Pierri my past medical and health history including any serious problems and/or injuries. I understand that certain anesthetic risks, which could involve serious bodily injury, are inherent in any procedure that requires a general or intravenous anesthetic.

I agree to cooperate with the recommendations of Dr. Pierri while I am under her care, realizing that any lack of same could result in less than optimum results.

I certify that I read and write English and have read and fully understand this consent for surgery.

_____	_____
Patient, Parent, or Guardian	Date
_____	_____
Witness	Date
_____	_____
Doctor	Date