



Hanham Dental

Tooth Removal Consent Form

- I understand the extraction of a tooth/teeth has been recommended by my dentist
- I have had alternative treatments explained to me (if any are available), as well as the consequences of not receiving any treatment at all.
- I understand that non treatment may result in, but is not limited to: infection, swelling, pain, periodontal (gum) disease, malocclusion (damage to the way the teeth meet) and systemic disease/infection
- I understand that there are risks associated with any dental, surgical and anaesthetic procedure. These include, but are not limited to
 1. Post operative inflammation or infection
 2. Swelling, bruising and pain
 3. Damage to adjacent teeth and/or fillings
 4. Drug reactions and side effects
 5. Bleeding requiring further treatment
 6. Possibility of a small fragment of the roots of the tooth or fractured bone being left intentionally when its removal is not appropriate or possible. (Such fragments may work their way partially out of the soft tissues and need to be removed at a later date).
 7. Delayed healing (dry socket) necessitating further post operative visits
 8. Damage to the sinuses requiring additional treatment, or surgical repair at a later date.
 9. Fracture or dislocation of the jaw
 10. Damage to the nerves during tooth removal resulting in temporary, partial or permanent numbness or tingling of the lip, chin or tongue
- By providing my signature, I certify that I understand the recommended treatment, the fees involved, the risks of such treatment, any alternatives and the risks of the alternatives, including the consequences of doing nothing. I have had my questions answered and have not been offered any guarantees

If I have any further questions about the procedures, I will call the practice on 0117 960 2940 or email info@hanhamdental.co.uk