

CONSENT FOR EXPOSURE, UNCOVERING AND/OR BRACKETING OF UNERUPTED TEETH

Page 1 of 3

Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you may make an informed decision whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: _____

Your planned surgery is: _____

Alternative treatment methods include: _____

All surgeries have risks. The most common risks for this procedure include the following:

- _____ 1. Swelling, soreness, bruising, stiffness of jaw muscles and jaw joints (TMJ), unexpected drug reactions or allergies, breaking of the jaw or parts of the bone supporting teeth, and difficulty eating for a number of days.
- _____ 2. You may get an infection after the procedure that may need more treatment.
- _____ 3. In trying to get to certain teeth buried in the jaw bone or beneath the gum, those areas may feel numb for days, weeks or months after surgery. In rare cases the numbness may be permanent.
- _____ 4. The roots of the lower teeth might be very close to the nerve. After the surgery, there might be pain or a numb feeling in the chin, lip, cheek, gums, teeth or tongue. It is possible that you might lose your sense of taste. These things might last for weeks or months. It can be permanent, but this rarely happens.
- _____ 5. Injury or damage to tooth roots that are close by. You may later need root canal treatment, or even lose certain teeth.
- _____ 6. Usually only one incision (cut) is needed to get to the buried tooth. Sometimes the position of the tooth below the gum is complicated enough that two or more incisions are needed to get to it.
- _____ 7. When nearing the upper back teeth, there is a chance that the sinus (a hollow place above the roots of the upper back teeth) may be entered. If this happens you may need medications or more treatment. An opening between the mouth and sinus

**CONSENT FOR EXPOSURE, UNCOVERING AND/OR BRACKETING OF UNERUPTED
TEETH
PAGE 2 OF 3**

may be formed that would need more care. Rarely, the same thing may affect the nasal cavity.

- ___ 8. Often a bracket or a wire or fine chain is attached to the unerupted tooth and then to a part of your orthodontic braces to pull on the unerupted tooth. This may cause your tongue, lips or cheeks to become sore and might interfere with eating or speech. You will usually adjust to this situation fairly quickly. Once in a while the applied bracket will come off the unerupted tooth and must be re-attached.
- ___ 9. Although we won't know beforehand, sometimes the unerupted tooth won't move. If so, the tooth may be left in place or, if necessary, it may need to be removed.
- ___ 10. **ANESTHESIA**
The anesthetic I have chosen for my surgery is:
 Local Anesthesia
 Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
 Oral Premedication with Local Anesthesia
 Intravenous Sedation with Local Anesthesia
 General Anesthesia with Local Anesthesia
- ___ 11. **ANESTHETIC RISKS** include: discomfort, swelling, bruising, infection, and allergic reactions. There might be swelling where an injection was given (phlebitis) that might cause discomfort and/or disability for a long time, and might need special care. You might have nausea and vomiting from the IV anesthesia, but this doesn't happen often. IV sedation and general anesthesia are serious medical procedures. They are safe, but the rare risks of heart problems, heart attack, stroke, brain damage or death are present.
- ___ 12. **YOUR OBLIGATIONS IF IV SEDATION OR GENERAL ANESTHESIA IS USED**
A. Because you will be very sleepy for some time after having an IV anesthetic medication, a responsible adult **MUST** come with you to drive you home and stay with you until you are recovered enough to take care of yourself. This recovery time may take up to 24 hours.
B. During this time you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
C. You **MUST** have a completely empty stomach. **IT IS VERY IMPORTANT THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS BEFORE HAVING YOUR ANESTHETIC. IF YOU DO NOT FOLLOW THIS RULE, IT MAY BE LIFE-THREATENING!**
D. **However**, it is important that you take any of your regular medicines (high blood pressure, antibiotics, etc.) or medicines given to you by us, **using only a small sip of water.**

**CONSENT FOR EXPOSURE, UNCOVERING AND/OR BRACKETING OF UNERUPTED
TEETH
PAGE 3 OF 3**

_____13. I understand that my doctor can't promise that everything will be perfect. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

CONSENT

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date