

Wisdom Teeth Removal

Consent Form

Patient name:

Date of birth:

I authorise Daves Patel to perform the removal of (wisdom teeth / 3rd molars).

The reasons for this and the benefits of removal have been explained to me.

What this involves

Daves has explained the proposed treatment, what it involves and the alternatives to it. I consent to any further or alternative measures that may be found necessary during, or as a consequence of, the procedure. I also consent to the administration of anaesthetics for this purpose.

As with any surgical procedure there are some inherent risks and limitations. I have been informed of the possible risks and complications, which include but are not limited to:

- Pain
- Swelling and bruising
- Bleeding
- Infection
- Potential injury to the neighbouring teeth
- Trismus (limited jaw opening while healing takes place)
- Dry socket
- The need for a surgical procedure, including the placement of stitches
- A retained root tip, which may need a further procedure at a later date to remove
- Temporary or permanent numbness, or altered sensation, to the lip, tongue, cheek or teeth on the side of the extraction (lower wisdom teeth only)

Before you sign

- I understand that smoking is likely to affect how well I heal after the procedure.
- To the best of my knowledge, I have given an accurate account of my physical and medical health history.
- I have had the opportunity to ask questions about the procedure and these have been answered to my satisfaction.

Patient signature:

Date: