

**SURGICAL CONSENT**

This is my consent to the Oral Surgery, as indicated below and on the examination chart. I further consent to any other procedure deemed necessary or advisable at surgery to be performed by Dr. \_\_\_\_\_

I also agree to the use of a local and/or general anesthetic or sedation, depending on the judgement of the surgeon. I have been informed of all probable complications of the surgery, anesthesia, and other drugs including, but not limited to: swelling, discomfort, infection, bleeding, sinus involvement, numbness or tingling of the lip, gum or tongue and, very rarely, jaw fracture. It is further understood that I am not to operate any vehicle or hazardous devices for the balance of the present calendar day and until fully recovered from the anesthetic and/or medications.

I further understand that in the course of any operation unforeseen circumstances may be revealed that may necessitate the performance of an additional or alternate procedure.

I have been advised of the fee and agree to settle the account in full.

Patient Name : \_\_\_\_\_

Treatment : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Patient / Parent or Guardian

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Signature of Doctor