

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 anaesthetic.

I have been informed of all probable complications of the surgery, anaesthesia, 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.

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