## AUBURN NY ORAL SURGERY

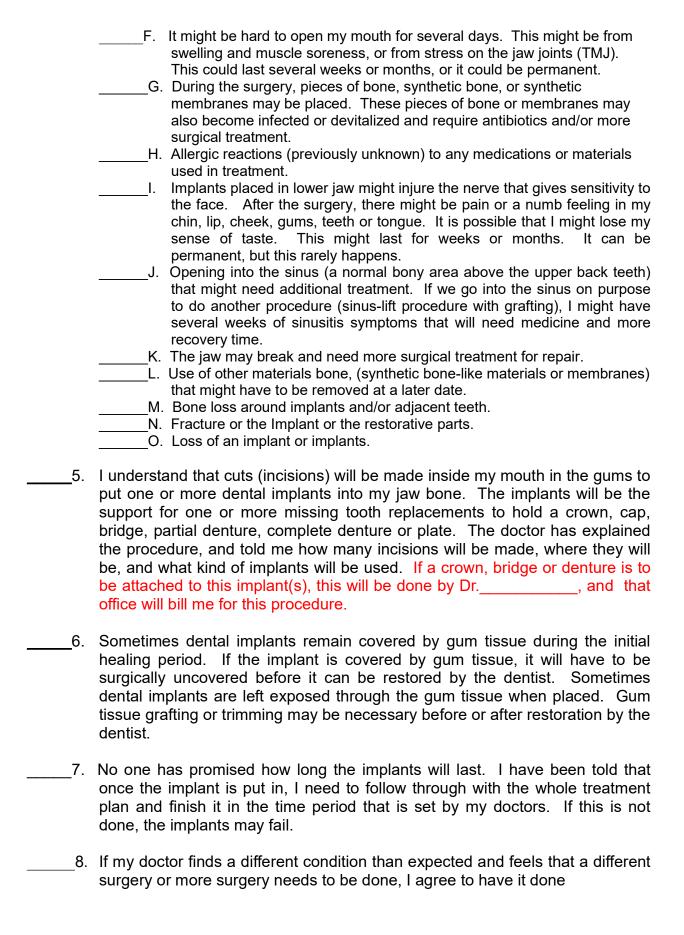
Sandeep Singla DDS, MD Rinil Patel DDS Edward Woodbine DDS

www.auburnnyoralsurgery.com

183 Genesse Street Auburn, NY 13021 Tel: (315) 253-7384 Fax: (315) 253-7426

## **CONSENT FOR DENTAL IMPLANT SURGERY**

Patient's	Name Date
	nitial each paragraph after reading. If you have any questions, please ask ctor BEFORE initialing.
	e the right to be informed about your diagnosis and planned surgery so that you de whether to have a procedure or not after knowing the risks and benefits.
1.	My condition has been explained to me as a <i>Missing Tooth or Missing Teeth</i> described as: Site #
2.	The procedure proposed to treat this condition is <b>Surgically Placing a Dental Implant or Implants</b> into my jaw bones and gums in these positions: Site# with Local Anesthesia
3.	I have been informed of possible alternate methods of treatment (if any) including: No Treatment/ Partial Treatment/ Defer Treatment.
	I understand that these other forms of treatment or no treatment at all are choices. The risks of those choices have been presented to me.
4.	My doctor has explained to me that there are risks and side effects of any surgical procedure. For this procedure, the main risks include:
	<ul> <li>A. Post-operative discomfort, bruising and swelling needing several days of at-home recovery.</li> <li>B. Bleeding that is heavy or lasts for a long time that might need more treatment</li> <li>C. Injury or damage to teeth or roots of teeth that are near by the place of the implant. This may need root canal treatment of the injured tooth, or even result in tooth loss.</li> <li>D. An infection after the procedure that might need more treatment or cause loss if the implant.</li> <li>E. Stretching of the corners of the mouth that might cause cracking and bruising and might heal slowly.</li> </ul>



9. The anesthetic I have chosen for my surgery is:  □ Local Anesthesia □ Nitrous Oxide/Oxygen Analgesia with Local Anesthe □ Oral Premedication with Local Anesthesia □ Intravenous Sedation with Local Anesthesia	sia
10. ANESTHETIC RISKS include: pain, swelling, bruising, the vein area where the anesthesia or sedation was gi long time or make it hard for you to use your arm. The care. There might be numbness that lasts a long time You might have nausea and vomiting from the IV Anesthesia, but this doesn't happen often. IV Son Anesthesia are serious medical procedures. They are of heart irregularities, heart attack, stroke, brain damage	ven. This could last a his might need special and allergic reactions. Sedation or General sedation and General safe, but the rare risks
<ul> <li>11. YOUR OBLIGATIONS FOR IV SEDATION OR GENER</li> <li>A. Because anesthetic medications cause prolonged of be accompanied by a responsible adult to drive you you until you are sufficiently recovered to care for up to 24 hours.</li> <li>B. During recovery time you should not drive, operate of devices, or make important decisions.</li> <li>C. You must have a completely empty stomach. IT HAVE NOTHING TO EAT OR DRINK FOR SIX (6)</li> </ul>	Irowsiness, you MUST ou home and stay with yourself. This may be complicated machinery
YOUR ANESTHETIC. TO DO OTHERWIS  THREATENING!  D. However, it is important to take any regular me pressure, antibiotics, etc.) or any medications direct small sip of water.  12. It is understood all encounters at Exclusive Oral Surge consultation/surgery/follow-up/phone calls may be reconsultation and/or documentation. This recording may permanent dental record or may be discarded at the dental office.	edications (high blood ted by us, with only a pery LLC, including my rded for the purpose of become part of my
CONSENT I understand that my doctor can't promise that everything will be perfect understand the above and give my consent to surgery. I have given a comedical history, including all medicines, drug use, pregnancy, etc. I certain and write English. All of my questions have been answered before sign	complete and truthful tify that I speak, read
Patient's (or Legal Guardian's) Signature	Date
Doctor's Signature	Date
Witness' Signature	Date