



Richmond Oral and Maxillofacial Surgery, LLC
1004 Oak Drive
Richmond, IN 47374
(765) 935-1997



CONSENT FOR TREATMENT AND ANESTHESIA

The purpose and the nature of the dental and/or surgical treatment have been fully explained to me. I have been fully informed of and understand fully, all the risks to me that are involved in the performance of the treatment to be rendered. I understand that there is a possibility of complications developing during or after the treatment and these have been fully explained to me. I am now giving my free and voluntary informed consent for the treatment to be rendered. I have not been given or received a guarantee as to the results to be obtained from the treatment I am to receive. I have been told that there will be anesthesia administered and the type and nature of such administration and of the anesthesia itself, have been fully explained to me, and I do give my free and voluntary informed consent to same.

I have been informed and understand that some possible complications are pain, infection, swelling, bleeding, bruising, discoloration, temporary or permanent numbness and tingling of the lip, chin, tongue, gums, cheek or teeth, nausea, vomiting, allergic reaction, change in occlusion, temporomandibular joint difficulty (problems with opening and closing jaws), trismus (difficulty opening the mouth), injury to adjacent teeth and restorations, cracking and bruising of the lips and corners of the mouth, fractures of the jaw, delayed healing and pain, numbness or inflammation and unfavorable reactions to drugs and anesthetics. I understand that the removal of upper teeth may result in sinus complications, oral-antral fistulas and openings which may necessitate further surgery at a later date.

Such alternate treatment methods to the proposed surgical procedure as are available to treat my dental disorder were fully described to me prior to the performance of surgery. Today's surgical procedure has been explained to me in advance.

NOTE: You may have nothing to eat or drink for six to eight hours before general anesthetic. You must not drive a car or operate hazardous machinery for at least 24 hours after a general anesthetic. Someone responsible must take you home after a general anesthetic. You must not use alcohol or take any medications or drugs (other than those prescribed) without first consulting the treating doctor.

Patient Signature (parent/guardian if minor): _____ Printed Name _____ Date: _____

Doctor Signature _____ Witness: _____ Date: _____