

LEXINGTON DENTAL ASSOCIATES
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CONSENT
FOR
TOOTH REMOVAL

Dr. Solomon has explained the benefits and risk of tooth removal to me. I understand that surgical extraction may be necessary. Referral to another specialist (oral surgeon) has been offered.

I understand and accept the treatment recommended for me by Dr. Solomon. I further understand that there may be some unwanted complications, some which are listed below. No guaranties have been made or implied. Dr. Solomon has discussed whether or not the tooth/teeth he has proposed be extracted are impacted to any degree. I understand that allowing impacted teeth to remain may result in infection and/or cyst formation which may destroy bone; damage to the roots of adjacent teeth from pressure of the malpositioned tooth/teeth; and/or create a food trap which may result in decay. Alternative treatment (s) or the option of no treatment has been explained to me. I understand the risks of not having the extraction(s) performed, whether the tooth/teeth are impacted, partially impacted, or not impacted at all, include, but are not limited to; infection, swelling, pain, periodontal disease, malocclusion, and systemic disease. All of my questions have been addressed.

If an implant or bridge is anticipated, a bone graft may be placed. Bone grafts may be of human or bovine sources and are acquired from tissue banks.

Proposed fees have been explained to me, as have any third party insurance benefits, which may be different than discussed by Dr. Solomon, as they are not under the control of this office.

Treatment risks/unwanted consequences may be (but not limited to):

- **Reaction to medications/anesthetic**
- **Temporary or permanent numbness or tingling of the lip, chin, tongue or other areas**
- **Post treatment bleeding; infection; and tissue swelling**
- **Post treatment infection**
- **Post treatment tissue swelling**
- **Root fragments may break; they may be left in the jaw**
- **Sinus involvement when upper teeth are removed, which may require additional treatment**
- **Jaw or alveolar bone may fracture during tooth removal, which may require additional treatment**
- **Healing may be delayed and require additional treatment, such as for a dry socket**
- **Sensitivity and/or pain of the adjacent tooth/teeth**
- **Damage to adjacent teeth or restorations**

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, AND THE INFORMATION GIVEN TO ME VERBALLY. BY SIGNATURE BELOW, I CONSENT TO THE TREATMENT DESCRIBED IN THIS DOCUMENT.

Teeth to be removed: _____

Patient's Signature _____ **Date** _____

Witness _____ **Date** _____