

I, (print name) _____, hereby authorize
Dr. Chahine at Dental Wellness and Health to extract the following tooth (teeth):

I have been informed of the need to have the tooth (teeth) removed.

The details of the procedure have been explained to me, and I fully understand them.

I have been informed of the alternatives to the extractions, their risks and benefits.

I understand that following the extraction(s), there may be a period of numbness of the jaw, swelling, bleeding, discoloration and possible discomfort.

I understand that because the position of the nerves in the area of the extractions, injury to the nerves may be unavoidable and may result in loss of sensation to the chin, lips, and tongue for a period of time. I have been told that although it is usual for the numbness to be temporary it may, on rare occasions, be permanent.

I understand additional complications, although rare, may occur.

I understand that smoking during the healing process may have adverse effects on healing.

I further understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions following the extractions, I agree to report them to the office as soon as possible.

I have been told that the success of the surgery depends upon my cooperation in keeping scheduled appointments, following home care instruction, including oral hygiene and dietary instructions, taking prescribed medications and reporting to the office any change in my health status.

In case of an acute emergency and in the event I cannot reach this office or we have not returned my call in a reasonable amount of time, I should proceed to the nearest emergency room for medical attention.

I acknowledge that no guarantees or assurances have been given by anyone.

I have been given ample time to discuss the procedure with the doctor and have had all of my questions and concerns answered to my satisfaction.

Patient's Signature (Or Guardian if a Minor)

Doctor's Signature

Witness's Signature

Date