WARDANY
ORAL IMPLANTOLOGY
Ridge & Sinus Grafting • Implant Surgery and Revision
Diplomate American Board of Oral Implantology

Informed Consent for Extraction

I understand that there may be alternatives to the extraction of teeth and after the doctor's explanation, I have chosen extraction. There are various normal complications that can occur despite all efforts to the contrary as a result of the extraction(s) which include but are not limited to:

- Allergic reactions to medications or anesthetics used
- Pain, swelling, infection, bruising, bleeding
- stiffness of nearby muscles
- numbness
- root tips may fracture and be left in place or could be displaced into the sinuses and/or spaces nearby
- dry sockets, aspiration and/or swallowing of foreign objects
- damage to adjacent teeth and/or restorations

I further understand that this procedure can also be performed by an oral surgeon and prefer that this treatment be rendered in this office by Dr. Wardany. The dental care and treatment to be performed has been explained to me and I understand what is to be done and that there is no warranty or guarantee as to any result and/or cure. I may ask the attending dentist for a more complete explanation.

This is my consent for the dental implant removal surgery, anesthetics, and x-rays to be taken.

I have read and understand the above and have had all my questions answered to my satisfaction and I agree to proceed with the recommended treatment(s).

Name of Patient _____ Date _____

Signature of Patient _____ Office Initials (Witness) _____