

THE VILLAGE DENTAL CENTER
MATTHEW HARMON, DMD
CONSENT FOR EXTRACTION (TOOTH REMOVAL)

Patient Name: _____

Date: _____

I hereby authorize Dr. Matthew Harmon to administer local anesthetic and remove the following teeth :

For the following reason(s):

Abscess Periodontal disease Non-restorability Other: _____

The consequences of not performing necessary extractions may include:

- Continuation, growth, and/or spread of infection
- Pain and swelling
- Systemic infection, such as fever, sepsis, and (in rare cases) death
- Aspiration (inhaling) of loose teeth or tooth fragments

Though rare, the following complications may occur during or after dental extractions:

- Pain and swelling
- Injury to neighboring teeth, restorations, or soft tissues
- Reversible or irreversible nerve damage
- Dry socket (a painful, noninfectious complication)
- Infection
- Adverse reactions to medications, anesthesia, or substances used for the extraction
- Retained fragments of teeth in the jaw (if the risk of removal outweighs the benefit)
- Perforation of the maxillary sinus, possibly requiring further treatment
- In rare cases, fracture of the jaw requiring further treatment

I understand that tooth extraction is an elective procedure, and there are often alternative treatments, such as a root canal and restoration, or performing no treatment at all. My dentist has described other options (including tooth replacement) invited me to ask questions, and I am electing to proceed with the extraction.

I will follow the verbal and written postoperative instructions and return for a follow-up appointment if requested.

Patient or Guardian Name

Date

Witness

Date