

CONSENT FOR ORAL SURGERY

The oral surgery to be performed, _____

has been explained to me to my satisfaction and I fully understand the explanation.

I consent to this surgical procedure, as well as to any other surgery that may be necessary or advisable in the judgement of Scott L. Featherstone DDS. I agree to the use of local anesthesia for this procedure.

Additionally, I agree to the use of nitrous oxide sedation ____ (initial), oral sedation ____ (initial), or intravenous sedation/general anesthesia ____ (initial) for this procedure when such sedation or anesthesia is judged to be appropriate and necessary for this procedure.

I understand that complications can arise during surgery and with the use of drugs and anesthesia. The most common complications from oral surgical procedures are pain, infection, swelling, bleeding, bruising and discoloration. In the case of grafting or implant procedures, a significant complication is non-healing or rejection. I understand that occasionally more serious complications can occur such as: temporary or permanent numbness, paralysis of facial muscles, changes in occlusion or temporomandibular joint, possible injury to adjacent teeth and tissues, bone fractures, sinus complications, referred pain to the head or neck, nausea, vomiting, allergic reactions and delayed healing. Although life threatening complications from this outlined surgery are extremely rare, there are inherent risks with any sedation, anesthetic and surgical procedure.

Sedatives, anesthetics and post-operative prescriptions may cause drowsiness, lack of awareness and lack of coordination. These side effects could be aggravated by the use of alcohol or other drugs. I understand and agree NOT to operate any vehicle or hazardous device or to work while taking such medications until fully recovered from their effects.

I have received post-operative instructions and I fully understand them. Furthermore, it has been explained to me and I fully understand that there is no warranty or guarantee as to any result and/or cure. I understand that I can ask for a full recital of any and all possible risks and alternatives to this procedure if I so choose.

Signature

Date