



Reasons for recommending extraction of a tooth:

Severe periodontal disease

Patient's Name \_

Date:

- Irreversible damage to the nerve tissue inside the tooth
- Failed endodontic therapy
- Extreme fracture or decay of tooth surface
- Improper positioning of the tooth or for orthodontic purposes
- Infection due to trauma, decay, or root involvement

I have been informed of the reason for extaction of tooth/teeth # \_\_\_\_\_ and have been explained what to expect during this procedure. I understand that dental radiographs will be required prior to this extraction, and possible during the procedure. I understand that I will require an anesthetic and that sutures may be necessary.

I have been given and understand the postoperative instructions. I also understand that if I have been given an antibiotic medication that I am to take them until the entire prescription is completely finished. If I have been prescribed a pain medication I will take it only if necessary. I can expect light bleeding from the extraction site for the first 24 hours. If I prefer, I can request that the extaction be done by an oral surgeon.

Some complications of routine extraction include (but are not limited to):

- Fracture of adjacent teeth or restorations
- Postoperative pain-slight, moderate, or severe lasting from hours to days
- · Swelling at and around the extraction site
- Separated root tips or fragments, separated bone fragments
- Temporary or permanent nerve damage to the area resulting in numbness
- Incomplete healing resulting in severe pain (dry søcket)
- Fracture of the surrounding bone

If you have any questions about the reason for this extraction, please feel free to ask.  I have read and understand the above information. I have no further questions about the	
and the same of th	I give my permission to have the tooth/teeth extracted
Patient/Guardian Signatur	e Date
Dentist Signature	Witness Signature

