

REQUEST FOR TREATMENT

Prior to my surgery, I have seen the video consent for Dr. Bohannon on IMPACTED WISDOM TEETH.

YES\_\_\_ NO \_\_\_

**After viewing the video, I understand that the following complications may arise as a result of the surgery:**

Pain, bleeding, bruising of the tissue (discoloration), swelling, infection and dry socket(s)

YES\_\_\_ NO \_\_\_

Temporary or permanent numbness partial or total, tingling, burning of the lips, chin, tongue and surrounding tissues. This can also lead to changes in speech, along with taste loss.

YES\_\_\_ NO \_\_\_

Sinus infection, opening into the sinus requiring further surgery.

YES\_\_\_ NO \_\_\_

Inflammation, pain in the vein used to give intravenous medications.

YES\_\_\_ NO \_\_\_

Fracture of the jawbone, fracture of the adjacent teeth fillings, damage to crown or bridge work, and/or damage to orthodontic appliances.

YES\_\_\_ NO \_\_\_

Pain in the jaw joint and/or changes in your bite.

YES\_\_\_ NO \_\_\_

Small root tips may be left behind. Their removal may risk greater injury.

YES\_\_\_ NO \_\_\_

All complications may require further treatment.

YES\_\_\_ NO \_\_\_

Impacted wisdom teeth may have caused periodontal damage to the adjacent teeth which may cause them to become symptomatic and may require further treatment

YES\_\_\_ NO \_\_\_

In addition to the video, I understand that the anesthetic used to sedate patients are usually very safe, but can rarely cause heart attacks, strokes, loss of the ability to breath, brain damage and even death.

YES\_\_\_ NO \_\_\_

Small bone irregularities (bone spurs) can form during healing and may require a small procedure to correct the issue.

YES\_\_\_ NO \_\_\_

Since some medications may cause drowsiness and lack of awareness and coordination, I realize that I should not operate a vehicle for 24 hours following surgery. In addition, I realize that the anesthetics and the post operative pain medicines being used and prescribed may cause drowsiness, nausea, vomiting and may cause poor judgment. Therefore I will have someone with me the first twenty-four hours and not make any critical decisions after the surgery and while on narcotic pain medicine. **I understand I am not to have anything to eat or drink for at least 6 hours prior to my surgery. I must have a responsible adult drive me to the office and take me home and have a responsible adult to take care of me after the surgery for 24 hours.**

Dated, \_\_\_\_\_.

Signed \_\_\_\_\_.  
*(parent or legal Guardian if minor)*