



Elizabeth Patino, DMD, PA

**Oral Surgery Informed Consent**

*This is my consent for Dr. Elizabeth Patino to perform the following surgery, previously explained to me:*

- I understand the nature of my condition, alternative treatment options, and the proposed treatment.
- I understand the importance of my health history and I have given you all information. I understand that if I don't give you a true health and complete information, it may be harmful to my care and lead to unwanted complications.
- I understand that if the procedure is not done, possible health risks may include but are not limited to:
  - Swelling
  - Infection
  - Decay
  - Pain
  - Fracture
  - Malocclusion
  - Cyst/Abscess formation
  - Periodontal (bone/gum) disease
  - Loss of teeth and/or bone
- I understand that possible complications may include but are not limited to:
  - Discomfort and swelling
  - Injury to teeth, fillings, caps
  - Stretching, cracking corners of mouth
  - Breakage of the jaw
  - Osteonecrosis
  - Nerve injury with temporary or permanent tingling/numbness
  - Decision to leave part of a broken tooth root, when its removal imposes more risk than benefits
  - Bleeding
  - Infection requiring additional treatment
  - Restricted mouth opening for days
  - Sinus injury, requiring additional surgery
- In case of an unforeseen condition, I request and authorize Dr Patino to do whatever she may deem advisable
- Because of individual patient differences, I understand that there exists a risk of failure, relapse, selective treatment, or worsening of m present condition despite the care provided. Even though the doctor will take all precautions to avoid complications; the doctor can't guarantee the results of the proposed treatment.
- I understand that prescribed medications may cause drowsiness and lack of awareness and coordination; and that this is intensified by alcohol, tranquilizers, and sedatives and other. I will not drive or operate any machinery until fully recovered from the effects of the medications.
- I agree to follow all recommendations given, realizing that any lack of the same could result in a less than optimal result.
- I have had the opportunity to ask questions, read, and fully understand this form, and hereby consent to treatment.
- All of the blanks were filled in before I signed the form

\_\_\_\_\_  
 Patient or Legal Guardian      Date      Witness      Date