LUNAR SMILE DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Impacted Tooth Treatment

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name

Date of birth (YYYY-MM-DD)

Phone

Tooth or teeth to be treated

What an impacted tooth is

Teeth form inside the jaw and move into place as they come in. A tooth is impacted when it cannot come in fully, because another tooth, the bone or the gum is in the way, or because it is growing at an angle. Wisdom teeth are the teeth most often affected.

Why removal is recommended

An impacted tooth can cause problems even when it does not hurt:

- **Decay.** Bacteria can reach the hidden tooth or the back of the tooth in front of it, causing decay that is hard or impossible to repair.
- **Infection.** The gum over a partly erupted tooth can become infected (pericoronitis), and the infection can spread to nearby tissues.
- **Pressure.** The tooth can push against its neighbours, damaging their roots or moving them out of position.
- **Cysts.** A fluid-filled sac can form around the tooth and damage bone and nearby teeth.

No one can predict when an impacted tooth will cause trouble, and problems often appear suddenly. Removal is usually easier and recovery quicker at a younger age. If an infection develops first, it may need to be treated before the tooth can be removed, which adds time and cost.

The procedure

Removing an impacted tooth is a surgical procedure. The gum is opened, some bone may be removed, and the tooth may be divided into pieces to take it out gently. It is done with local anaesthetic, with or without sedation as discussed with you, using sterile instruments. It usually takes 20 to 60 minutes, and the area is closed with stitches.

If you choose sedation. Sedation helps you feel relaxed and drowsy, and you may remember little of the procedure. If you have sedation, an adult must take you home, and you must not drive, operate machinery or make important decisions for at least 24 hours.

Recovery. Expect some swelling and discomfort for several days. Opening your mouth and swallowing may be difficult for a while, and the skin of your face may bruise. You will be given aftercare instructions to help you heal well.

LUNAR SMILE DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

Possible complications

Serious problems are not expected, but any surgery carries some risk:

- bleeding, infection or dry socket, and slower healing of a larger wound;
- **Lower teeth:** roots can lie close to the nerve that supplies feeling to the lower lip, chin and tongue. If the nerve is bruised, numbness can follow. This usually recovers over weeks to months, but can rarely be permanent.
- **Upper teeth:** roots can lie close to the sinus. A small opening can form, and you may notice a little blood from the nose. This usually heals on its own within days, but sometimes needs further treatment.
- damage to nearby teeth or restorations;
- reactions to medications or anaesthetic; and
- rarely, a fracture of the jaw.

Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.

Consent. I consent to surgical removal of the impacted tooth or teeth listed above, with the anaesthetic and any sedation discussed with me. If something unexpected is found during treatment, I allow my dentist to do what is reasonably necessary in my best interest, and I understand this will be discussed with me whenever possible.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by

Witness

Date