

The Village Dental Practice

Consent form for Wisdom Teeth Surgical Extractions

Wisdom teeth are the last teeth to erupt and are therefore most liable to be prevented from doing so in a crowded mouth. Those which are deeply impacted and asymptomatic are best left alone. Decisions about surgery vary widely.

These teeth can cause problems such as pain, swelling and foul taste. Your dentist would have taken history of your symptoms and examined your mouth and neck to check for signs of infection. An X-Ray is helpful in the diagnosis of impaction, presence of cysts or presence of caries in these teeth to the adjacent tooth involved in the impaction.

All patients undergoing wisdom teeth extraction should be warned of:

- a) Pain
- b) Swelling
- c) Trismus – inability to fully open the mouth
- d) Nerve damage – loss of sensation to the lip and tongue

Post Operative Instructions

1. DO NOT eat or drink for two hours
2. NO hot drinks for the rest of the day. Luke warm drinks will be alright after 2 hours.
3. NO vigorous rinsing all day, however, gentle hot salt water rinsing the following day is advised.
4. Some pain and discomfort is possible. Taking whichever painkillers you normally use is advised, or whatever is prescribed by the dentist.
5. If your socket starts bleeding then bite down hard on some rolled up tissues for 10-15 minutes to form a new clot.
6. Smoking and poor oral hygiene will increase the risk of infection to the extraction site.
7. If you have any problems, or need advice, then call us.
8. You may need a review appointment to check on you and remove any stitches.

An appointment can be made for you. When you make an appointment, you will be asked to pay 50% of the fees, this is a deposit to book your appointment. The reason being is that we only have a few sessions per month for these cases and the visiting surgeon carrying out the surgery is only available to us on those dates. Failure to notify us of cancellations for any reason will result in forfeiting the deposit. The balance can then be paid on the day of the surgery.

CONSENT

I _____

Of _____

Hereby consent to undergo the operation of _____

At a private treatment cost of £ _____ which has been explained to me. I also consent to such alternative operative measures as may be found to be necessary during the course of the operation.

Signature (patient) _____ Date _____

Signature (surgeon) _____ Date _____