



Queensboro
Oral Surgery Associates
Oral and Maxillofacial Surgery & Implant Surgery
Dr. Sanford M. Blecker/ Dr. Howard A. Ochs

INFORMED CONSENT FOR SURGERY AND ANESTHESIA

I hereby authorize Dr. Blecker or Dr. Ochs and staff to perform the following procedure:

and to administer the anesthesia I have chosen, which is () local () intravenous sedation anesthesia.

Other treatment options were discussed, but I have elected to proceed with the above procedure.

1. It has been explained to me that certain complications may occur as a result of my surgery which include (but are not limited to): bleeding, swelling, bruising, stiffness of the jaw muscles and jaw joints (TMJ), or unexpected drug reactions or allergies.

2. With tooth extraction, I understand that there may be unexpected damage to adjacent teeth, fillings or crowns, sharp ridges or bone splinters that may require later surgery to smooth or remove, dry socket condition which will require additional care, or small fragments of tooth root which may be left in place to avoid damage to vital structures such as nerves or sinus.

3. Lower tooth roots may be very close to the nerve and surgery may result in a numb feeling of the chin, lip, gums, or tongue which may last for weeks, months or rarely, be permanent. On upper teeth whose roots are close to a sinus, a sinus infection may develop, a root tip may enter the sinus, and/or an opening from the mouth to the sinus may occur which could require later medication or surgery

4. ANESTHESIA RISKS include soreness, bruising, infection, prolonged numbness, allergic reactions, heart attack, stroke or even death. When medications are placed in a vein there may be inflammation at the site of the injection (phlebitis) which may cause prolonged discomfort and/or disability, and may require additional care.

5. IF I AM TO HAVE INTRAVENOUS OR GENERAL ANESTHESIA, I UNDERSTAND THAT I AM TO HAVE NO FOOD OR DRINK FOR SIX HOURS BEFORE MY APPOINTMENT. TO DO OTHERWISE MAY BE LIFE THREATENING!

6. I understand that a responsible adult must accompany me to my appointment or drive me home after intravenous sedation or general anesthesia.

7. I understand that no guaranteed results have been offered or promised, and I give my free and voluntary consent for treatment. I realize that my doctor may discover conditions that may require different surgery from that which was planned, and I give my permission for those other procedures that are advisable in his/her professional judgement to complete my surgery.

I have had an opportunity to have my questions answered and I certify that I understand English.

Patient's (or legal guardian's)

Signature

Witness

Date

Doctor