



Wisdom Teeth Consent Form

Patient Name: _____

Patient DOB: _____

I authorise Dr Damian Lloyd (General Practitioner) to perform the removal of _____ 3rd Molars (Wisdom Teeth).

The reasons and benefits of having them removed have been explained to me.

The Dentist has explained the effect and nature of the proposed treatment to me. I also consent to further or alternative measures as may be found to be necessary during or as a consequence of such an operation. I also consent to the administration of anaesthetics for these purposes.

As with any treatment involving the body, there are some inherent risks and limitations. I have been informed of possible risks and complications involved with surgery, drugs and anaesthesia. Such complications include, but are not limited to:

- Pain
- Swelling
- Bleeding
- Infection
- Injury to the present teeth
- Bone Fractures
- Sinus Penetration (Upper 3rd Molars)
- Delayed Healing
- Allergic Reactions to drugs or medications used
- Altered taste sensation and numbness + of the lip, tongue, cheek, or teeth (lower 3rd molars). The exact duration may not be determinable and may be irreversible.

The dentist provided greater detail on the above complications to me in a handout titled “Expectations following Oral Surgery, Wisdom Teeth Removals, Multiple Extractions or Implant Placement” and verbally.

I understand that smoking is likely to affect post-operative healing.

To my knowledge I have given an accurate report of my physical and medical health history.

I accept the estimation of the fees as provided and agree to pay when the account is due.

Patient Signature.

Date.

Dentist Signature.

Date.

Please post, fax or drop this form back to the surgery before the GA date.

