MANGELSDORF
FAMILY DENTISTRY

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ORAL SURGERY CONSENT FORM

The oral surgery procedure to be performed has been explained to me and I understand what is to be done. This is my consent to the oral surgery that has been indicated and to any other surgery that is deemed necessary or advisable. I agree to the use of local anesthesia depending on the judgment of Dr. Timothy Mangelsdorf.

I have been informed and understand that occasionally there are complications of the surgery, drugs and anesthesia. The more common complications are *pain, infection, swelling, bleeding, bruising and discoloration.* Temporary or permanent *numbness* and occasionally *inflammation of the vein* may occur from an intravenous or intramuscular injection. The possibility of injury to, or stiffness of, the neck and facial muscles, changes in the occlusion or TMJ has been explained. I also understand there is a possibility of *injury* to the *adjacent teeth or restorations* in other teeth, or injury to other *tissues, referred pain in the ear, neck, head, nausea, vomiting, allergic reactions, bone fractures, and delayed healing.* Sinus complications, which may include an opening into the sinus from the mouth, may occur with removal of upper teeth.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which could be *increased* by the use of alcohol or other drugs; thus I have been advised *NOT to operate any vehicle or hazardous devices,* or work while taking such medications and or drugs. I understand and agree not to operate any vehicle or hazardous devices for at least 24 hours or until fully recovered from the effects of the above.

I acknowledge the receipt of and understand the postoperative instructions and have been given an appointment date to return. It has been explained to me and I understand that there is *no warranty or guarantee* of any *result* and or *cure.* I understand that I can ask for a full explanation of any and all possible risks attendant to my care.

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Patient Signature **Date**