

CONSENT FOR EXPOSURE, UNCOVERING AND BRACKETING OF UNERUPTED TOOTH/TEETH

Patient's Name

Date

During your consultation we discussed your need for surgical exposure, uncovering and bracketing of unerupted tooth/teeth, steps involved, its purpose, benefits, and the possible complications/risks as well as alternatives. We obtained your verbal consent to undergo this procedure. **Please initial each paragraph after reading, if you have any questions please ask your periodontist before initialing and signing on the last page.**

Your diagnosis is:

Your planned surgery is:

Alternative treatment methods include:

(1) All surgeries have risks. The most common risks for this procedure include the following but are NOT limited to:

_____ A. Swelling, soreness, bruising, stiffness of jaw muscles and jaw joints (TMJ), unexpected drug reactions or allergies, and difficulty eating for a number of days.

_____ B. You may get an infection after the procedure that may need more treatment.

_____ C. In trying to get to certain teeth buried in the jaw bone or beneath the gum, those areas may feel numb for days, weeks or months after surgery. In rare cases the numbness may be permanent.

_____ D. The roots of the lower teeth might be very close to the nerve. After the surgery, there might be pain or a numb feeling in the chin, lip, cheek, gums, teeth or tongue. It is possible that you might lose your sense of taste. These things might last for weeks or months. It can be permanent, but this rarely happens.

_____ E. Injury or damage to tooth roots that are close by. You may later need root canal treatment, or even lose certain teeth.

_____ F. Usually only one or more incisions (cuts) is needed to get to the buried tooth.

_____ F. When uncovering the upper back teeth, there is a chance that the sinus (a hollow place above the roots of the upper back teeth) may be entered. If this happens you may need medications or more treatment. An opening between the mouth and sinus may be formed that would need more care. Rarely, the same thing may affect the nasal cavity.

_____ 2. Often a bracket or a wire or fine chain is attached to the unerupted tooth and then to a part of your orthodontic braces to pull on the unerupted tooth. This may cause your tongue, lips or cheeks to become sore and might interfere with eating or speech. You will usually adjust to this situation fairly quickly. Once in a while the applied bracket will come off the unerupted tooth and must be re-attached.

_____ 3. Although we won't know beforehand, sometimes the unerupted tooth won't move. If so, the tooth maybe left in place or, if necessary, it may need to be removed.

_____ 4. No warranty or guarantee. No guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences there can never be a certainty of success, despite the best of care. I understand, there is no method that will accurately predict or evaluate how the tissue will heal before the surgical procedure. There may be a need for a second surgery if the initial results are not satisfactory.

_____ 5. Use of records for reimbursement and publication purposes. I authorize photos, video recordings, x-rays, slides, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry, educational use in lectures or publications and reimbursement purposes. My identity will never be revealed to the general public.

_____ 6. **Females only.** Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills), which can result in pregnancy. Therefore, I understand that I will need to take extra precautions and use some additional form of birth control when taking antibiotics. Furthermore, I have informed my periodontist of my pregnancy and/or nursing status.

PATIENT CONSENT

I have been fully informed of the nature, risks and benefits of surgical exposure, uncovering and bracketing of unerupted tooth/teeth procedure, the alternative treatments available, and the necessity for follow-up care and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the surgical exposure, uncovering and bracketing of unerupted tooth/teeth procedure as presented to me during my consultation and as described in this document above. I also consent to additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist. I have given a complete and truthful medical history, including all medications, drug use, allergies, pregnancy and etc. I certify that I have read and fully understand this document.

Patient's Signature (or patient's guardian)

Date

Witness Signature

Date