



ORAL SURGERY ADVICE AND CONSENT

SURGERY FOR WISDOM TEETH

Patients Name:

Date of Birth:

The nerves which supply the lip and tongue with feeling lie very close to the roots of the lower wisdom teeth. Because of their proximity to the surgical site these nerves can be damaged despite all due care being exercised during the operation.

1. There is always a slight chance damage to the nerves may occur following operation in this area and this can leave numbness or changed sensation in the lower lip and tongue, and some loss of taste.
2. This changed sensation is usually only temporary and it may take some months to return normal. On rare occasions numbness and tingling may be permanent.
3. Following surgery, I may experience swelling, pain and discomfort, loss of function. I am aware that this may vary in degree from case to case and cannot be quantified prior to surgery.
4. I may be unable to work for a period of time following surgery, and prior arrangements have been made with work, regarding this.

I have read and understood the above advice and hereby give my consent to surgery on my wisdom teeth. I accept all risks involved in such procedures. I have had the potential complications fully explained, and the opportunity to ask questions have been answered to my satisfaction.

Patients Signature.....Signature of dentist.....

Date Signed:.....