



Your dentist recommends that the following teeth be removed:

For the following reason(s): ____Abscess ____Periodontal disease ____Non restorability ____Other:

I also understand that after my tooth is removed there may be a need for a bone graft and or placement of membrane due to lack of remaining bone structure. A bone graft serves either to preserve the structure of the hard and soft tissues, or to regenerate the tissues that have been lost due to infection or resorption over time.

The consequences of not performing necessary extractions may include:

- Continuation, growth, and/or spread of infection
- Pain and swelling
- Systemic infection, such as fever, sepsis, and (in rare cases) death
- Aspiration (inhaling) of loose teeth or tooth fragments

Though rare, the following complications may occur during or after dental extractions:

- Pain and swelling
- Injury to neighboring teeth, restorations, or soft tissues
- Reversible or irreversible nerve damage
- Dry socket (a painful, noninfectious complication)
- Infection
- Adverse reactions to medications, anesthesia, or substances used for the extraction
- Retained fragments of teeth in the jaw (if the risk of removal outweighs the benefit)
- Perforation of the maxillary sinus, possibly requiring further treatment
- In rare cases, fracture of the jaw requiring further treatment

I understand that tooth extraction is an elective procedure, and there are often alternative treatments, such as a root canal and restoration or performing no treatment at all. My dentist has described other options, invited me to ask questions, and I am electing to proceed with the extraction.

I will follow the verbal and written postoperative instructions and return for a follow-up appointment if requested.

Sign: _____ Date: _____