Holistic Dental Arts Center
Ayman Zraiqat, DDS, COT, IABDM, FAAO
1401 N. Tustin Ave, Suite #345
Santa Ana, CA 92705

Phone: 949-748-0673
Website: HolisticDentalArts.com

Consent To Perform Oral Surgery

Patient Name: _____

I have been given a diagnosis based on the information gained by clinical exam by:

_____

I have been advised that the consequences of not treating this condition include but are not limited to: infection, swelling, pain, periodontal disease, malocclusion, fracture of the jaw, and/or loss of bone. Impacted wisdom teeth are subject to and responsible for infections, cysts and tumors, cavities, pressure damage and periodontal damage to normal teeth, gums, and bone. These complications may cause pain, destroy bone and teeth, and adversely affect overall health.

Alternative treatments include but are not limited to: _____

I, the undersigned, give permission and consent to perform the following procedure(s):

_____

and understand that certain risks and consequences exist which include but are not limited to:

1. Post-operatively I can expect some pain, swelling, discoloration of the face, and/or bleeding. Swelling may occur for several days after surgery.
2. Local anesthetic reactions may occur. Although rare, this could include numbness, swelling, pain, infection, abnormal reactions or allergy, and may adversely affect health.
3. Numbness may occur in the region of the surgery, gums, lips or tongue. This is usually a temporary condition, but in some cases may be permanent.
4. A dry socket (poor healing of the socket) may occur. A dry socket is painful and requires frequent treatment at the office.
5. Root tips sometimes break off in the bone and may be left to avoid extensive surgery. With upper teeth, the root tips sometimes expose and are pushed into the maxillary sinus.
6. Infection is uncommon but may occur. Antibiotics may be needed postoperatively.
7. Fracture of the bone may occur.
8. Damage to adjacent teeth or restorations may occur. Temporomandibular joint dysfunction (the jaw joint not functioning well) may occur.
9. Any complications will be treated here, or you will be referred to the appropriate specialist if any additional treatment is needed. Treatment may consist of physical therapy, antibiotics, other drugs, or additional surgery.
10. Cavitation sites may heal at varying rates due to the fact that patients are unique and heal differently. There will be a charge for re-treating cavitation sites, and a six-month period must expire before re-treating.
11. I am aware that very often Dr. Zraiqat elects to use Platelet Rich Fibrin (PRF) in order to facilitate healing of surgical sites. If PRF is deemed necessary for optimal healing, my own venous blood flow will be used for the procedure.

Holistic Dental Arts Center
Ayman Zraiqat, DDS, COT, IABDM, FAAO
1401 N. Tustin Ave, Suite #345
Santa Ana, CA 92705

Phone: 949-748-0673
Website: HolisticDentalArts.com

I am aware that the practice of dentistry is not an exact science and that the very nature of the treatment and my uniqueness as an individual require that no predictions can be made. I acknowledge that no guarantees have been made to me and that extracting the tooth/teeth may not have any effect on my health condition. I believe it is in my best interest to proceed with my chosen treatment, as opposed to any alternative, which may exist. I have had ample opportunity to ask any questions I might have, and have had them answered to my satisfaction. I agree to abide by the doctor's post-operative instructions and that my failure to properly care for my oral health may lead to further complications. I have had the opportunity to discuss with the doctor my overall health and medical history. I accept the risk of subsequent harms, if any, in hopes of obtaining the desired beneficial results of this treatment.

The risks involved with anesthesia and the treatment itself have been fully explained to me, and I do give my free and voluntary informed consent to the same.

Signature: _____ Date: _____