

**JAMES A. COX, DDS
CRISTIAN MIRANDA, DDS**

777 WELCH ROAD • PALO ALTO, CA 94304-1691
(650) 326-7257 • FAX (650) 326-2461

STATEMENT OF CONSENT FOR ORAL SURGERY

1. I authorize the performance upon _____.
Of the following surgery(s) which have been explained to me.

_____.

2. I consent to the administration of anesthesia, in connection with the procedure(s) referred to above, and agree to the use of such anesthetics as may be deemed advisable with the exception of

_____.

(None, or name of the particular anesthetics to which I said I was allergic).

I understand that complications from local/general anesthesia are extremely rare, but may include the following after local anesthesia.

- A. Prolonged soreness, ulceration, and/or infection at the injection site.
- B. Temporary inability to open mouth wide.
- C. Feeling lightheaded or nausea.
- D. Feel heart beating in the chest (palpitations).
- E. Difficulty in breathing.

3. I will notify the doctor immediately if I should have any of these complications so he can prescribe treatment.

4. The doctor has explained that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to the following:

- A. Surgical postoperative discomfort and swelling which may necessitate several days of home recuperation.
- B. Bleeding which may be prolonged.
- C. Injury to adjacent teeth, fillings or crowns.
- D. Post operative infection requiring additional treatment.

- E. Stretching of the corners of the mouth and lips with resulting cracking, abrasions, and bruising.
- F. Restricted mouth opening for several days or weeks.
- G. Decision to leave a small piece of root in the jaw when its removal would require extensive surgery.
- H. Breakage of the jaw.
- I. Injury to the nerve underlying the teeth resulting in numbness or tingling of the chin, lip, cheek, gums, and/or tongue on the operated side, this may persist for several weeks, months, or in remote instances, permanently.
- J. Opening of the sinus (a normal cavity situated above the upper teeth) possibly requiring additional surgery.

5. Medications, drugs anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Thus, I have been advised not to operate any vehicle, automobile, or hazardous devices, or work while taking such medications and/or drugs. I agree to have a responsible adult drive me home after my discharge from surgery, if I have general anesthesia.

6. I certify that I read write English and have read and fully understand that consent for surgery.

PLEASE ASK THE DOCTOR IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT FORM.

X _____
 Patient's signature (or legal guardian if under 18) Date

X _____
 Doctor's signature Date

X _____
 Witness Date

October 13, 2011