



PATIENT CONSENT FOR ORAL SURGERY

Dr. Germain has explained to me the proposed treatment and the anticipated results of such treatment. It has also been explained to me that there are certain potential risks for this procedure. These include:

1. Injury to a nerve 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.
2. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
3. Postoperative infection requiring additional treatment.
4. Postoperative discomfort, swelling, and bleeding that may necessitate several days of recuperation.

I understand that the medications, drugs, anesthetics, and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and not to operate any vehicle, automobile, or hazardous devices while taking such medications and until fully recovered from their effects.

I fully understand the risks involved in the proposed surgery and anesthesia, and have had all my questions answered to my satisfaction. I hereby give my informed consent for oral surgery by Dr.Germain.

Print Name

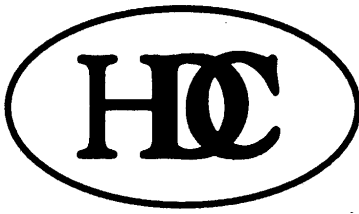
Date

Patient Signature

Date

Doctor Signature

Date

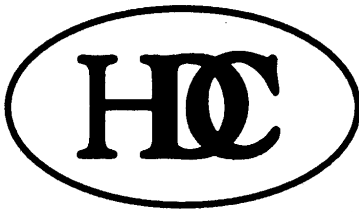


PRESCRIPTION INSTRUCTIONS ORAL SURGERY

Take the following prescription as follows:

- 1) Ensure you have no allergies to any of the medications.
- 2) Take 3 tablets of the Serax (sedative) the night before your appointment and 3 tablets again 1 hour before your appointment time. Be sure to bring the remaining tablets with you to your appointment. Sedation is optional and to be discussed with the Dentist. You must not drive the day you take the sedative.
- 3) Take the Amoxicillin one hour prior to your scheduled appointment time or take Clindamycin if allergy to Penicillin. Continue to take as directed until completed.
- 4) Start the Decadron 30 minutes after your appointment take 1 ½ tablet the 1st, 1 tablet the 2nd day and ½ a tablet the 3rd day.
- 5) (Have available to take Ibuprofen 200 or 400 mg tablets – take Tylenol if unable to take Ibuprofen). Take 600 mgs Ibuprofen 30 minutes after your appointment time.

If you have any questions or concerns, please feel free to contact our office



POST OPERATIVE CARE

1. **RINSE MOUTH ONCE TONIGHT BEFORE BED**– Tomorrow rinse mouth gently every 3 -4 hours (especially after meals) using ¼ teaspoon of salt to a glass of warm water. Continue for 2 weeks.
2. **BLEEDING**- Following extractions some bleeding is to be expected. If persistent bleeding occurs, place gauze pads over bleeding area and bite down firmly for 30 minutes. Repeat if necessary. If bleeding continues call the office.
3. **SWELLING**- Ice bag or chopped ice wrapped in a towel should be applied to operated area- 30 minutes on and 30 minutes off for 4 – 5 hours.
4. **PAIN**- For mild to average pain use Ibuprofen 600 mg ex) Advil.
5. **FOOD** –Light/soft diet is advisable during the first 24 hours. Calories are necessary to allow the body to heal.
6. **BONY EDGES** – Small sharp bone fragments may work up through the gums during healing. These are not roots; if present call the office to set up a time for their simple removal.
7. **DO NOT**- smoke, drink alcohol, spit or suck through a straw for 1 week.
8. If any unusual symptoms occur, call our office.
9. The proper care following oral surgical procedures will hasten recovery and prevent complications.