CONSENT FORM · RESTORATIVE

# Consent for Tooth Extraction

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

| PATIENT FULL NAME | DATE OF BIRTH | PATIENT NUMBER |
|---|---|---|
| | | |

| TOOTH, TEETH OR AREA | TREATING CLINICIAN | DATE |
|---|---|---|
| | | |

SECTION 1

## About your treatment

A tooth extraction is the removal of a tooth that cannot be saved or is causing problems. It can be a simple extraction or a surgical one where a small cut in the gum is needed.

Teeth may need to be taken out because of deep decay, infection, gum disease, a crack or fracture, crowding before orthodontics, or because a tooth cannot be repaired. In a simple extraction, the tooth is gently loosened and removed with the area numbed. In a surgical extraction, we make a small cut in the gum, may remove a little bone or divide the tooth, and usually place dissolvable stitches.

Before removing a tooth we review your medical history carefully. Some medicines, such as blood thinners or drugs for bone conditions like bisphosphonates, can affect bleeding or healing. Never stop a blood thinner unless your doctor advises it. We will plan your treatment safely in line with national guidance.

**What happens**

| STEP | WHAT IT INVOLVES |
|---|---|
| **1. Assessment** | We examine the tooth, take X-rays and explain why it needs removing, the options and the risks. |
| **2. Planning** | We check your medical history and medicines. If you take warfarin we will need a recent INR blood test result. |
| **3. Numbing** | We numb the tooth and surrounding gum with local anaesthetic. Sedation can be arranged if you are anxious. |
| **4. Removing the tooth** | You will feel pressure but should not feel sharp pain. For a surgical extraction we may lift the gum, remove some bone or divide the tooth. |
| **5. Controlling bleeding** | We may place stitches and a dissolving pack. You will bite on gauze to help a clot form. |
| **6. Aftercare advice** | We give you aftercare advice verbally and in writing before you leave, with our contact details. |

SECTION 2

## Expected benefits

- Removes the source of pain or infection.
- Prevents infection spreading to other teeth, the jaw or the rest of the body.
- Can create space for orthodontic treatment where needed.
- Allows planning for a replacement tooth if you wish.
- Usually a quick procedure with predictable healing.

SECTION 3

## Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

| RISK | WHAT IT MEANS | HOW LIKELY |
|---|---|---|
| **Pain, swelling and bruising** | Some discomfort and swelling is expected for a few days, more after a surgical extraction. Jaw stiffness can occur. | Common |
| **Bleeding** | Some oozing for the first day is normal. Prolonged bleeding is uncommon and is more likely if you take blood thinners. | Common |

| RISK | WHAT IT MEANS | HOW LIKELY |
|---|---|---|
| **Dry socket** | The blood clot is lost from the socket, causing a deep ache a few days later. This happens in about 1 in 20 extractions, more often with lower back teeth and in smokers. | Common |
| **Root fragments** | A small piece of root may break. We usually remove it, but occasionally leaving a tiny tip is safer. You will be told if this happens. | Uncommon |
| **Damage to nearby teeth** | Neighbouring teeth, fillings or crowns can be chipped or loosened during the extraction. | Uncommon |
| **Sinus communication** | The roots of upper back teeth can sit close to the sinus. Removal can leave a small opening into the sinus. Most heal on their own; some need a minor repair. | Uncommon |
| **Infection** | The socket can become infected, causing pain, swelling or a bad taste. | Uncommon |
| **Numbness of lip or tongue** | When lower back teeth are removed, the nerves to the lip, chin or tongue can be bruised. This is usually temporary. | Rare |
| **Jaw fracture** | A break in the jaw is very rare and is more likely with a weak or thin jaw or a deeply buried tooth. | Rare |
| **Medication related osteonecrosis of the jaw (MRONJ)** | In people who take or have taken bisphosphonates, denosumab or some cancer drugs, the bone may not heal and can become exposed. The risk is low but higher with these medicines. | Rare |

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

## Alternatives, including no treatment

- **No treatment**: the tooth may continue to cause pain or infection, and infection can spread. Some problems can be watched if you have no symptoms.
- **Root canal treatment**: may save the tooth if it is restorable and the gum and bone around it are healthy.
- **A filling, onlay or crown**: if enough healthy tooth remains.
- **Gum treatment**: if the tooth is loose because of gum disease, treatment may stabilise it in some cases.
- **Referral to an oral surgeon**: for complex extractions or where your medical history needs specialist care.

SECTION 5

## Costs

| ITEM | GUIDE FEE |
|---|---|
| **Simple extraction** | £195 |
| **Surgical extraction** | £395 |
| **Digital radiograph, single** | £15 |
| **Panoramic radiograph (OPG), if needed** | £95 |
| **IV sedation (if chosen)** | £350 per hour |
| **Replacement options such as implant, bridge or denture** | Quoted at consultation |

| YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £ | PLAN REFERENCE | ESTIMATE VALID UNTIL |
|---|---|---|
| | | |

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

## Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

## Your consent

Please initial each statement you agree with.

| | |
|---|---|
| I understand why the tooth needs to be removed and that once removed it cannot be replaced by a natural tooth. | ☐ |
| I understand the extraction may need to be surgical, with a cut in the gum, removal of bone and stitches. | ☐ |
| I understand the risks, including pain, swelling, bleeding, dry socket, infection and root fragments being left. | ☐ |
| I understand that neighbouring teeth or fillings may be damaged, and for upper back teeth an opening into the sinus may occur. | ☐ |
| I understand that numbness of the lip or tongue and jaw fracture are rare risks. | ☐ |
| I have told the dentist about all my medicines, including blood thinners and bisphosphonates, and I understand how these affect my risks. | ☐ |
| I have been told about the alternatives, including no treatment, and the options for replacing the tooth. | ☐ |
| I have read this form and the information leaflet, or had them read to me, and I understand them. | ☐ |
| I have had enough time to consider my options, and my questions have been answered to my satisfaction. | ☐ |
| I understand the alternatives, including no treatment, and the material risks that apply to me. | ☐ |
| I understand the costs set out in my written treatment plan. | ☐ |
| I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk. | ☐ |
| I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed. | ☐ |
| I agree to clinical photographs, scans and X-rays being taken for my dental records. | ☐ |

SECTION 8

## Signatures

**Patient.** I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

**Parent or guardian** (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

**Interpreter** (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

**Clinician.** I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

| PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME |
|---|---|---|---|
| | | | |

**Questions or second thoughts?** Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.