Northeast Dental Group

'A Dental Destination Location'

www.northeastdentalgroupllc.com

7770 Frontage Rd #7341

Cicero, NY 13039

CONSENT FOR REPAIR OF FACIAL FRACTURES AND ASSOCIATED INJURIES

_____

Patient's Name Date

Please initial each paragraph to show that you understand and accept it. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis, options and planned surgery so that you can decide whether or not to have a procedure after knowing the risks and benefits.

Your diagnosis is: _____

_____

Your planned treatment is:_____

_____

Alternative treatment methods include: _____

_____

All surgeries have some risks. They include the following and others:

_____1. Swelling, bruising, pain, discomfort, bleeding, blood clot formation, infections, drainage, and sinus problems may occur, which might need further treatment or procedures.

_____2. Damage to, or loss of, teeth in the area of the injury or fracture at time of surgery; teeth may need root canal treatment; fillings or crowns or other repairs to the teeth may be needed. Also, additional teeth may require repair or removal later.

_____3. Tissue in the area of the injury may not heal properly. This tissue could be either bone or soft tissue or both, and could be on the inside of the mouth or on the outside of the face or head or neck or eye. These healing problems could cause both functional and cosmetic problems. This tissue may require repair or removal or reconstruction or plastic surgery at follow up surgeries. These surgeries could possibly require the participation of other surgeons.

_____4. All lacerations or incisions heal with a scar; your doctor will make every reasonable effort to minimize the scars you will have and try to enhance healing and the final appearance. It still may be necessary or you may choose to have additional repairs or plastic surgery procedures.

_____5. The injury may have resulted in foreign material getting into the wounds. There may be reactions to this material, including the possibility of visible "tattooing", and you may need or choose to have additional repairs or plastic surgery procedures.

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_____6. In order to have proper healing it may be necessary to wire the jaw shut; this decision may be made at time of surgery.

_____7. There may be changes in sensation (including among others numbness, tingling, or increased pain) in the areas of the injury or repair (mouth, tongue, cheek, lip, face, etc). It is also possible that taste or speech may be affected. These changes could be partial or complete. In some cases they may last for a long time and could even be permanent and may require additional surgical procedures or treatment, which may or may not be successful in correcting the problems completely.

_____8. Depending on the complexity and location of the injuries, it may be necessary to have more than one incision on the face or in the mouth. In some cases, it may be necessary to use multiple incisions. These decisions may be made at the time of surgery.

_____9. Graft materials, hardware (i.e., screws, plates, pins, wires, etc.), or combinations of these, may be needed in order to best repair the injuries. Some hardware may need to be placed on the outside of the face. The final decisions as to what to use will be made by the surgeon at the time of the surgery. In some cases it may be necessary to remove these materials at separate surgeries later.

_____10. Changes in the bite or difficulty opening or using the mouth, possibly because of stress on the jaw joint (TMJ), may happen. This may require additional dental procedures, treatment, surgery, and/or physical therapy. These problems might be long-term or even permanent.

_____11. For surgeries or injuries involving the bones around the eye socket, vision changes may occur; loss of vision is rare but possible. If these changes do not resolve, additional surgery or treatment may be necessary.

_____12. It is possible that there may be weakness of the facial muscles, lips, eyelids or muscles of expression associated with the injury or the repair. This weakness may be partial or complete, and may be temporary or permanent. It may be necessary or you may choose to have additional treatment or surgery, which may or may not be successful in correcting the problems completely.

_____13. There may be reactions to medications, materials or the anesthesia, some of which may be serious and require additional care or hospitalization or surgery.

_____14. I understand that the wounds and incisions and hardware need to be kept clean. I understand and agree to maintain good oral hygiene and that if I don’t it could cause infection, gum disease, bleeding gums, loosening or even loss of teeth.

_____15. I understand that during surgery the surgeon may find out certain things about the injury which might require a change in the planned procedure from what has been explained to me and I authorize my surgeon to make these changes in the plan if they are necessary or advisable in his/her professional judgment.

_____16. I understand that I will need to make special efforts to maintain good nutrition and that normal eating may be difficult after treatment for facial fractures, especially if the jaws are wired shut, and there may be weight loss.

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_____17. I agree to follow my doctor's advice and instructions. I agree to follow through with my appointments. I understand that if I don't do the things I'm told to do, it could result in problems with my healing.

_____18. I have discussed my medical history with my surgeon and I have explained all diseases, treatments, drug reactions, allergies, surgeries and medications, including alcohol and drug use (past and present).

_____19. I know that I can get a second opinion about the plan for my surgery and treatment and that my doctor would help me to get the second opinion if I want it.

_____20. I understand that every patient and every injury are different and that no guarantees can me made about how my surgery will turn out or how I will heal. I understand that there may be ongoing problems with function and appearance, and that some of the problems from the injury may get worse. I also understand and accept that additional treatment may be needed, including but not limited to physical therapy, involved dental work, braces, reconstructive surgery, bone grafting, TMJ treatment or plastic surgery and that I may need to see other doctors to get this treatment.

INFORMATION FOR FEMALE PATIENTS

_____I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills.

CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date