



Northeast Dental Group

'A Dental Destination Location'

7770 Frontage Rd #7341 Cicero, NY 13039

CONSENT FOR TEMPORARY ACHORAGE DEVICE

Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you may make an informed decision whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: ANCOURAGE NEEDED FOR ORTHODONTIC TREATMENT

Your planned surgery is: TEMPORARY ACHORAGE DEVICE BETWEEN TEETH#3 & 4 AND TEETH #13&14

Alternative treatment methods include:no treatment/defer treatment

All surgeries have risks. The most common risks for this procedure include the following:

- _____ 1. Swelling, soreness, bruising, stiffness of jaw muscles and jaw joints (TMJ), unexpected drug reactions or allergies, breaking of the jaw or parts of the bone supporting teeth, and difficulty eating for a number of days.
- _____ 2. You may get an infection after the procedure that may need more treatment.
- _____ 3. In trying to get to certain teeth buried in the jaw bone or beneath the gum, those areas may feel numb for days, weeks or months after surgery. In rare cases the numbness may be permanent.
- _____ 4. The roots of the lower teeth might be very close to the nerve. After the surgery, there might be pain or a numb feeling in the chin, lip, cheek, gums, teeth or tongue. It is possible that you might lose your sense of taste. These things might last for weeks or months. It can be permanent, but this rarely happens.
- _____ 5. Injury or damage to tooth roots that are close by. You may later need root canal treatment, or even lose certain teeth.



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- _____ 6. Usually only one incision (cut) is needed to get to the buried tooth. Sometimes the position of the tooth below the gum is complicated enough that two or more incisions are needed to get to it.

- _____ 7. When nearing the upper back teeth, there is a chance that the sinus (a hollow place above the roots of the upper back teeth) may be entered. If this happens you may need medications or more treatment. An opening between the mouth and sinus may be formed that would need more care. Rarely, the same thing may affect the nasal cavity.

- _____ 8. Often a bracket or a wire or fine chain is attached to the unerupted tooth and then to a part of your orthodontic braces to pull on the unerupted tooth. This may cause your tongue, lips or cheeks to become sore and might interfere with eating or speech. You will usually adjust to this situation fairly quickly. Once in a while the applied bracket will come off the unerupted tooth and must be re-attached.

- _____ 9. Although we won't know beforehand, sometimes the unerupted tooth won't move. If so, the tooth may be left in place or, if necessary, it may need to be removed.

ANESTHESIA:

LOCAL ANESTHESIA: (Novocain, Lidocaine, etc.) A shot is given to block pain in the area to be worked on.

NITROUS OXIDE WITH LOCAL ANESTHESIA: Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation.

ORAL MEDICATION WITH LOCAL ANESTHESIA: A pill is taken for relaxation prior to giving local anesthesia.

INTRAVENOUS SEDATION WITH LOCAL ANESTHESIA: Makes you less aware of the procedure by making you calmer, sleepy, and less able to remember the procedure.

INTRAVENOUS GENERAL ANESTHESIA WITH LOCAL ANESTHESIA: You will be completely asleep for the procedure.

Whichever technique you choose, giving any medication involves certain risks. These include:



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- _____1. Discomfort, swelling or bruising where the drugs are placed into a vein.
- _____2. Vein irritation, called phlebitis, where the drugs are placed into a vein. Sometimes this may grow to a level of discomfort or disability where it may be difficult to move your arm or hand. Sometimes medication or other treatment may be required.
- _____3. Nerves travel next to the blood vessels where the drugs are placed into a vein. If the needle hits a nerve or if drugs or fluid leaks out of the vessel around a nerve, you may have numbness or pain in the nerve where it runs along the arm. Usually the numbness or pain goes away, but in some cases, it may be permanent
- _____4. Allergic reactions (previously unknown) to any of the medications used.
- _____5. Nausea and vomiting, although not common, are possible unfortunate side effects. Bed rest, and sometimes medications, may be required for relief.
- _____6. Conscious sedation and general anesthesia are serious medical procedures and, whether given in a hospital or office, carry the risk of brain damage, stroke, heart attack or death.
- _____7. In situations where a breathing tube is used, you may have a sore throat, hoarseness or voice change.

YOUR OBLIGATIONS:

- _____8. Because anesthetic or sedative medications (including oral premedication) causes drowsiness that lasts for some time, you **MUST** be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
- _____9. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
- _____10. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK for six (6) hours** prior to your treatment. **TO DO OTHERWISE MAY BE LIFE-THREATENING.**
- _____11. **Unless instructed otherwise**, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medicines given to you by your surgeon **using only small sips of water.**



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I have read and understand the above and choose:

- Local Anesthesia
- Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
- Intravenous Sedation with Local Anesthesia

____ 13. It is understood all encounters at Northeast Dental Group, including my consultation/surgery/follow-up/phone calls may be recorded for the purpose of training and/or documentation. This recording may become part of my permanent dental record or may be discarded at the sole discretion of the dental office.

____ 14. I understand that my doctor can't promise that everything will be perfect. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

CONSENT

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