

Performed by or directed by

Other dentists, resident dentists or dental trainees may be involved. "My dentist" includes these other dentists.

Doctor explained this consent form to me.

Teeth to be Extracted:

Instructions to patient: When this consent form is explained to you, please ask any questions you may have. If you do not understand the answers, please ask again until you do understand. If you have any questions at any time about the procedure, please ask.

- My dentist has explained this procedure to me and has told me why I need it. I understand that this procedure may involve: the taking of dental x-rays, impressions for dental casts, photographs, and the use of such anesthetics as may be considered necessary or advisable by the clinical faculty to diagnose and/or treat my/the patient's dental problem(s). I am requesting and authorizing The University of Kentucky College of Dentistry to perform the treatment and procedures outlined on the Treatment Plan, or as discussed with me today prior to start of treatment.
- My dentist has told me what other options I may have and what the risks of those options are. I understand that other forms of treatment or no treatment at all are choices that I have and the risks of those choices have been presented to me. I have decided to have the procedure that my dentist has recommended.
- My dentist has told me that some problems (risks and complications) may happen if I have this procedure. With extraction of upper and lower teeth, these possible problems include: Post operative (after surgery) discomfort, limitation of jaw movement, prolonged or heavy bleeding, bruising (greenish-yellow to black and blue color), injury to the crown, roots, or fillings of adjacent teeth, post operative infection, cracking and/or bruising of lips due to stretching of corners of the mouth during treatment, limited mouth opening during healing (sometimes related to swelling and muscle soreness, and sometimes related to stress on jaw joints (TMJ), especially when TMJ problems already exists), a decision to leave a small piece of root in the jaw when its removal would require extensive surgery or risk other complications, fracture of the jaw (usually in more complicated extractions or surgery), allergic reactions to any medications used in treatment, and other possible problems that my dentist cannot predict. Additional surgery or treatment may be required. In addition, it has been explained to me that if I am taking or have taken medications for osteoporosis known as bisphosphonates (such as Fosamax® and Boniva® and Actonel®) I am at risk for developing a serious bone problem known as osteonecrosis of the jaws. This is a disease in which the bone of the jaw dies. Treatment can be difficult and is sometimes not successful. Cases have been reported in which jaw fractures and other problems have occurred. The risk of developing this is not entirely known, but appears to be low when patients are taking oral bisphosphonates for osteoporosis as opposed to having frequent infusions as part of therapy for cancer. It appears to be more common (although still rare) in patients who have taken the drug for longer than 3 years. If you develop this problem after treatment, we may refer you to another medical or dental specialist. This would involve increased treatment time and expense
- Federal and state laws regulate controlled substances (drugs) that may be abused. Kentucky law requires that you consent to treatment with these drugs before you can receive them. Some illnesses and injuries can result in pain. Some drugs can make the pain more tolerable. Some other drugs can increase focus and reduce hyperactivity. Use of these drugs can cause nausea, sleepiness, drowsiness, vomiting, constipation, sleeplessness, loss of appetite, agitation, aggravation of depression, dry mouth, confusion, slower breathing, and loss of coordination making it unsafe to drive or operate machinery. These drugs can result in physical dependence, meaning that abrupt stopping may lead to withdrawal symptoms, psychological dependence, meaning that stopping may cause you to crave the drug, tolerance, meaning you need more drugs to get the same effect and addiction, meaning you may develop problems based on genetic or other factors. You must tell your doctor if you are pregnant or are considering pregnancy.

- With extraction of lower teeth, injury to nerves in tissues surrounding teeth, resulting in pain, numbness, tingling or other sensory disturbances in the chin, lip, cheek, gums, or tongue and may persist for several months or in rare instances permanently, dry socket (a loss of blood clot from extraction site).
- With extraction of upper teeth, opening of the sinus (a normal chamber situated above the upper teeth) requiring additional surgery or treatment, dry socket (a loss of blood clot from extraction site).
- My dentist has also told me about the possible benefits of the procedure. My dentist has explained my chances of receiving these benefits. I understand the risks of not having this procedure.
- No one has guaranteed me that this procedure will have certain results.
- I have received the **Notice of Privacy Practices of the University of Kentucky**. My dentist has told me that any information that identifies me will be kept private. I understand that the Notice lets my dentist give my information to certain other people or groups. If this happens, I understand that my information may not be as private as it would be if no one received this information.
- I consent to let my dentist perform other procedures in connection with this procedure, if the dental staff decides that I need these other procedures.
- I consent to let the dental staff take any photographs, moving pictures, television images, or other pictures or videotapes during my treatment. I understand that these images will be used only to advance dental/medical knowledge and will not identify me.
- If any life-threatening or serious condition causes a severe problem with my circulation, my breathing, or other organs, I consent to treatment and any procedures the medical staff decides are necessary for my care in the Intensive Care Unit at a UK HealthCare hospital.
- My advance directives (such as a living will) will still be in effect AFTER I receive any treatment for a reversible condition (a condition that can be corrected) related to this procedure.
- I consent to let the authorities of this facility get rid (dispose) of any teeth, tissues, or other parts that may be removed from my body.
- I consent to donating extracted teeth for educational purposes to the University of Kentucky. I understand that no matter what I decide about donating my extracted teeth for educational purposes, it will not affect my care. For more information, please see the last page of this form.
- I understand that the University of Kentucky College of Dentistry teaches and trains dentists and other health care providers. Dentists in training and other dental trainees may be involved in my care with the appropriate supervision of my dentist.
- I understand that someone from the University of Kentucky may contact me in the future to ask me to take part in research.

I have read this consent form, and it has been explained to me. I understand the planned procedure(s) and the sedation and anesthesia that will be used. I have had the chance to ask all of the questions I have about this procedure(s), its alternatives, its risks, its benefits, and possible complications. I have been given answers to my questions, and I understand the answers.

Signatures