

Oral Surgery Consent Form

The **oral surgery consent form** sample outlines essential information regarding dental procedures, ensuring patients understand the risks and benefits before treatment. This document serves as a clear agreement between the patient and dental professional, promoting informed consent. Proper completion of the form is crucial for legal and ethical compliance in oral surgery.

Patient Information

Patient Name:

Date of Birth:

Phone Number:

Procedure Details

Dental Procedure(s):

Risks and Complications

Please read and acknowledge that you understand the possible risks and complications, which may include but are not limited to:

- Bleeding, swelling, or bruising
- Pain or discomfort
- Infection
- Nerve injury, resulting in numbness or tingling
- Damage to adjacent teeth or restorations
- Jaw joint (TMJ) discomfort
- Sinus complications (for upper teeth)

Consent

I have had the opportunity to ask questions regarding the recommended dental procedure(s), the associated risks, benefits, and alternatives. My questions have been answered to my satisfaction. I voluntarily consent to the performance of the described dental procedure(s).

I have read and understand this oral surgery consent form.

Patient/Guardian Signature:

Date:

Dentist Information & Signature

Dentist Name:

Dentist Signature:

Date:

Submit Consent