

# Tyler Kim DDS & Tat Chiang DMD

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## **CONSENT FOR EXTRACTION(S)**

Patients Name: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my free and voluntary informed consent for the treatment to be rendered by Dr. Tyler Kim and Dr. Tat F. Chiang at 10 N. Gaston Ave. Somerville, NJ, for extraction of tooth/ teeth # \_\_\_\_\_.

It has been explained to me that during the course of the treatment outlined above, unforeseen conditions may necessitate the extension of the original procedure(s). I, therefore, authorize Dr. Chiang to perform the necessary procedures as indicated by their professional judgment.

The purpose and nature of the dental and/or surgical treatment have been fully explained to me. I have been fully informed of and understand fully, all the risks to me that are involved in the performance of the treatment to be rendered. I understand that there is a possibility of complications developing during and or after the treatment and these have been fully explained to me. These include: trismus (inability to open the mouth), pain, swelling, discoloration of the face and neck, infection, bleeding, an opening into the sinus, a tooth or root tip entering the maxillary sinus, a root tip remaining in the extraction site, parasthesia (numbness or tingling sensation) in the lip, tongue, or gums, persisting anywhere from a few days to many years, a fractured mandible, a damage to adjacent teeth or restorations (fillings, crowns, etc). I have also been informed that there are other risks such as aspiration and swallowing of foreign particles.

Bone Graft Material: I understand that graft material may be placed in areas of bone loss around my teeth. The bone graft material used may be synthetic bone, certified sterilized cow bone and certified sterilized human cadaver bone obtained from tissue banks. Membranes may be used depending on the gum defects.

I understand that the medicine prescribed for post-operative pain may cause drowsiness, and that I am not to drink alcohol, drive or operate hazardous machinery while taking pain medication.

For patient who is on **Bisphosphonate** (*Fosamax, Alendronate, Didronel, Skelid, Actonel, Boniva, Aredia, Zometa, etc.*): I understand that periodontal treatment may cause osteonecrosis of the jaw and dental treatment may increase the risk.

### **CONSENT**

I am aware that the practice of periodontal surgery and Dentistry is not an exact science, and I acknowledge that I have not been given or received any guarantees, as to the results to be obtained from the surgical treatment I am to receive.

\_\_\_\_\_  
Patient's or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date