

Name _____

Fred Simonton III, D.M.D. Consent for Surgical Procedure

This is my consent for Fred H. Simonton III, D.M.D. to perform the following surgical procedure: _____

The necessary procedure(s) has been explained to me and I understand the nature of the procedure.

1. I have been informed of possible alternative methods of treatment (if any).
2. Dr. Simonton has explained to me that there are certain inherent and potential risks in **any** treatment plan or procedure. We do not expect these to occur, but there is that possibility. In this instance, such operative risks include, but are not limited to, the following:
 - a. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
 - b. Injury to the nerve in the jaw, resulting in numbness or tingling of the chin, lips, cheek, gums, and/or tongue on the operated side. This may persist several days, weeks, months, years, or, in remote instances, permanently. The need for future microscopic surgery to fix nerves may be necessary.
 - c. Postoperative discomfort and swelling, which may necessitate several days of home recuperation.
 - d. Stretching of the corners of the mouth with resultant cracking and bruising.
 - e. Restricted mouth opening for several days or weeks.
 - f. Postoperative infection requiring additional treatment.
 - g. Heavy bleeding that may be prolonged.
 - h. Injury to adjacent teeth and fillings.
 - i. Decision to leave a small piece of root in the jaw when its removal would require extensive surgery.
 - j. Breakage of the jaw.
 - k. If intravenous medication is used, soreness at injection site or along the vein may develop as well as some discoloration of the injection site.
 - l. Cardiac arrest, respiratory arrest, or even death.
 - m. As a result of this procedure being performed, there may be a material risk of infection, allergic reaction, disfiguring scar, severe loss of blood, loss of function of any limb or organ, paralysis, paraplegia or quadriplegia, brain damage, cardiac arrest, or death.
3. I understand that during the course of the procedure described above, it may be necessary or appropriate to perform additional and/or different procedures that are unforeseen or not known to be needed at the time this consent is given. I consent to and authorize Dr. Simonton to make the decisions concerning such procedures. I also consent to authorize the performance of such additional or different procedures as he deems necessary or appropriate.
4. I consent to the administration of anesthesia, including local, intravenous, and/or general anesthesia, in connection with the procedure(s) referred to above and to the use of such anesthetics as may be deemed advisable, with the exception of _____ to which I said I was allergic.
5. Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile, or hazardous devices or work while taking such medications and/or drugs or until fully recovered from the effects. I understand and agree not to operate any vehicle or hazardous device for at least **TWENTY-FOUR** hours after my release from surgery or until recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself or accompany myself home after my discharge from surgery if I am put to sleep.
6. It has been explained to me and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted.
7. I agree that I am not to have anything and/or have had nothing to eat or drink past midnight before my surgery day if I am going to be put to sleep.
8. I agree to cooperate completely with the recommendations of Dr. Simonton while I am under his care, realizing that any lack of same could result in a less than optimum result and that failure to follow Dr. Simonton's suggestions and directions could be life threatening.
9. I certify that I read and write English and have read and fully understand this consent for surgery. **Please ask Dr. Simonton if you have any questions concerning this consent form before signing it.**

Patient, Parent, or Guardian

Witness

Date