Rajneesh K. Dail, D.D.S.
Board Certifed Pediatric Dentist
337 El Dorado Street, Suite B-2
Monterey, CA 93940
831-373-2055

Tooth Extraction Informed Consent

Patient's Name:____

Date:______________________

Reasons for recommending extraction of a tooth:

- Severe periodontal disease
- Irreversible damage to the nerve tissue inside the tooth
- Failed endodontic therapy
- Extreme fracture or decay of tooth surface
- Improper position of the tooth or for orthodontic purposes
- Infection due to trauma, decay, or root involvement

How is the tooth extracted?
The tooth and surrounding area are numbed with local anesthetic. Once numb, the tooth is loosened with pressure and movement. The loosened tooth is then removed.

What are the risks and complications?

- Pain or discomfort may occur after the numbness wears off.
- Stretching of the corners of the mouth, resulting in cracking or bruising.
- Swelling at and around the extraction site
- Possible damage to adjacent teeth.
- Fracture of the surrounding bone.
- Incomplete removal of the roots. Pieces of the roots may be left behind if removing them poses a risk to the developing permanent tooth bud. In these cases, the roots usually resorb on their own.
- Bleeding. Some bleeding may occur if the blood clot is disturbed from the hole where the baby tooth was. Putting pressure on the hole with a piece of gauze should stop the bleeding.
- Loss of space for adult teeth. When a baby tooth is lost early, the adult tooth may not be ready to move into position to fill the space. This can result in loss of space for adult teeth.
- Temporary or permanent nerve damage to the area resulting in numbness.

I understand that the extraction of the tooth is deemed necessary by the dentist, in the best interest of the patient's oral health. I understand that by refusing this treatment, the patient is at risk for developing pain, abscess, swelling, spread of the infection.

I have read and understand the above. I have been given the chance to ask questions, and they have been answered. I give my consent for the tooth extraction.

Tooth or Teeth to be removed: ______________________

Parent/guardian: ________________________________Date: ______________

Dentist Signature:________________________________Date:_______________