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**Operative Consent Form**

Dear Patient:

You have the right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo the procedure after knowing the risks and hazards. **PLEASE READ THIS & AND FEEL FREE TO ASK ANY QUESTIONS YOU MAY HAVE.**

**Possible Complications to Oral Surgery:**

SWELLING, BRUISING, & PAIN-these can occur with any surgery and vary from patient and from one surgery to another.

TRISMUS-this is a limited opening of the mouth due to inflammation and/or swelling in the muscles. This is most common with impacted tooth removal but it is possible with almost any surgery. It can last from a few days to several weeks.

INFECTION-this is possible with any surgical procedure and may require further surgery and/or medications if it does occur.

BLEEDING-although significant bleeding can occur during or after surgery, it is not common. Some bleeding is, however, usual for most surgeries and it is normally controlled by following the post-operative instructions you will receive the day of treatment.

DRUG REACTIONS-a reaction is possible from any medication given and could include nausea, rash or other allergic reactions.

TMJ DYSFUNCTION-this means that the joint of the jaw (TMJ) may not function properly and, although rare, may require treatment ranging from moist heat and rest to joint surgery.

DRY SOCKET-this is significant pain in the jaw and/or ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth, but it is possible with any extraction. This may require additional office visits to treat.

DAMAGE TO OTHER TEETH / DENTAL WORK-due to the close proximity of the teeth, it is possible to damage other teeth and/or fillings when a tooth is removed.

SHARP RIDGES OR BONE SPLINTERS-occasionally, after an extraction, the edge of the socket will be sharp or a bone splinter will come out through the gum. This may require another surgery to smooth or remove the bone splinter.

INCOMPLETE REMOVAL OF TOOTH FRAGMENTS-there are times the doctor may decide to leave a fragment or root of a tooth in order to avoid doing damage to adjacent structures such as nerves, sinuses, etc

JAW FRACTURE-this is an extremely rare occurrence, but can happen if certain conditions exist, such as a tooth in an extremely thin jaw or in the elderly patient with brittle bone, etc.

LOWER TEETH:

NUMBNESS-due to the proximity of roots of the lower teeth to the nerve of feeling in the lower lip, teeth, gums, and tongue, it is possible to bruise or damage the nerve with the removal of a tooth. This would cause numbness that could last for a few days to several months, and rarely but possibly permanent numbness. The affected area, such as the lip, the tongue, or the chin, could feel numb, tingly, or have a slight burning sensation.

UPPER TEETH:

SINUS INVOLVEMENT-due to the location of the roots (especially the upper molars) to the sinuses, it is possible for an opening to develop from the sinus to the mouth or that a root may be displaced into the sinus. A possible sinus infection and/or permanent opening from the mouth to the sinus could develop and may require medication and/or surgery.

ANESTHESIA:

LOCAL ANESTHESIA-certain possible risks exist which, although uncommon, could include nausea, pain, swelling, inflammation or bruising at the injection site. Rare complications could include *PHLEBITIS* (vein inflammation) and allergic or unusual drug reactions.

This disclosure is not meant to alarm or frighten you. It is simply an effort on our part to make you better informed so that you may knowledgeably give or withhold your consent to the surgery.

Patient Name: \_\_\_\_\_

I hereby authorize *Dr. R. Tyler Wohrman* to perform the following procedure:

\_\_\_\_\_  
\_\_\_\_\_

I have read and discussed the risks and complications which may occur in connection with this procedure, and we have discussed the alternate methods of treatment; and I believe I have been given and understand sufficient information to give my consent to the above surgery.

Patient / Guardian

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

Witness

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