



General Information and Consent

Following any surgical procedure it is normal to expect a post-operative recovery period. This healing process typically lasts between 5 to 10 days following surgery. The post-operative course is usually accompanied by varying degrees of swelling, which is the body's normal and helpful reaction to surgery.

Following any surgery, home care is vitally important. Both written and verbal instructions will be given to you on the day of surgery, and it is important to carefully follow these in order to aid in an uneventful recovery.

In any surgery, there are inherent risks. Some teeth or lesions are in close approximation with feeling nerves. Occasionally, there can be interference with the conduction of these nerves, as a result of a surgical procedure. This can result in altered sensation or numbness of a portion of the lower lip, chin, cheek and or tongue. This altered sensation is generally temporary and returns to normal within a few weeks to months. Rarely, however, this altered sensation can be permanent.

Following surgical procedures or injury, infection may occur. Usually this presents as a recurrent swelling, and/or pain. This can also be accompanied by a bad taste, or even fever. If this occurs, it is important to contact your surgeon for further treatment.

Your surgeon will discuss the details of your surgery and post-operative course with you as every surgery, much like every person is unique. It is important for you to ask any questions you may have. Our goal is to make sure you are well informed of the proposed procedure.

By signing below, you state that you have read the above sheet, have fully discussed the proposed surgery with your surgeon, and understand the nature, risks, benefits and alternatives to the surgery proposed. You also understand that OHIP does not pay the surgeon's fees for the removal of teeth either in the office or the hospital, nor does it cover other procedures completed in the office. Therefore you, the patient, agree to be responsible for the cost of the procedure. By signing below you consent to the proposed procedure laid out below.

Signed by patient or Medical Power of Attorney: _____

Date: _____