CONSENT: Surgical Expose and Bond or Tooth

Patient’s Name

Date

Diagnosis:

Planned surgery:

The most common risks for this procedure include the following:

1. Swelling, pain, bruising, stiffness of jaw muscles and jaw joints (TMJ).
2. You may get an infection after the procedure that may need more treatment.
3. Risk of nerve injury if teeth roots are close to a sensor nerve. This can lead to numbness, tingle or pain of the associated nerve. On most occasions this is temporary.
4. Risk of damage to other teeth roots.
5. Risk of sinus injury with upper teeth.
6. Rarely the applied bracket can come off the tooth and must be re-attached. This may require a secondary procedure.
7. Although we won’t know beforehand, sometimes the unerupted tooth won’t move. If so, the tooth may be left in place or, if necessary, it may need to be removed.
8. Should there be an employee exposure to my blood or bodily fluids that may put the employee at risk (with no risk to me) for transmittable diseases I CONSENT to have my blood drawn at no cost to me or my insurance due to facility's OSHA policies. Should this happen, you will be notified of any blood results unless you desire not to be notified. In the case you wish to not be notified of results please initial here: __________.
9. Other ____________________________________________________________________

CONSENT
I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

PHOTOGRAPHIC CONSENT – If requested: Photographs can help with diagnosis and monitoring disease.

1. I consent to the use MY photograph to be used for medical purposes only.
2. I consent to the use of MY photograph to be used for WEBSITE purposes as well as in MEDICAL BOOKS to illustrate my condition.

Patient’s (or Legal Guardian’s) Signature

Date

Doctor’s Signature (Aric Murphy DDS, MD)

Date

Witness’ Signature

Date

Revised 3/26/2014