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Who is to drive you home after surgery?

INFORMED CONSENT FOR SURGERY: This is my informed consent, authorization and request for the oral surgery mutually deemed necessary or advisable as a corollary to the planned operation.

I also consent to authorize, and request the use of such local or general anesthetics and drugs as may be deemed advisable depending upon the judgment of the doctor(s) involved in my case.

Complaints which may result from surgery of the type, of which I am herewith advised, include:

- A. Possible anesthesia of one or both lingual nerves (tongue) and/or inferior alveolar nerves (lower lip).
- B. Possible involvement of the maxillary sinuses that might require further surgery
- C. Possible fracture of adjacent teeth or their restorations that will require additional surgical procedures.
- D. Possible fracture of the jaw in the area of the impacted wisdom teeth that will require additional surgical procedures.
- E. Possible pain, swelling, bruising, bleeding, nausea and vomiting, post-operative infection, delayed healing, phlebitis, unfavorable reaction to drugs and/or anesthetics.

I have read the above which has also been explained to me, and I am willing to accept the services as offered by the doctor(s) involved in my treatment believing that everything will be done to fully benefit me and that every precaution will be exercised to prevent complications in any way. I am therefore aware of my decision and do not hold Dr. Negru and/or his associated responsible for any problems or consequences that may arise from my decision to extract the teeth.

Patient's Signature

Date

Witness

Date