



# Consent to Treatment - Extraction

This form can be filled out on a computer, printed, then hand signed.

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Legal Middle Name / Initial

\_\_\_\_\_  
Legal Last Name

\_\_\_\_\_  
Today's Date

**PLEASE INITIAL EACH PARAGRAPH AFTER READING.  
IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.**

\_\_\_\_\_  
**1. ALTERNATIVES to TREATMENT**

I understand that alternatives, if any applicable, to removal (i.e root canal therapy, crowns, periodontal therapy, etc.) have been explained and offered to me.

\_\_\_\_\_  
**2. AUTHORIZATION**

I hereby authorize Dr. Jeff S. Tan, D.D.S., to remove the following teeth; # \_\_\_\_\_

I understand that removal is a permanent procedure and irreversible.

\_\_\_\_\_  
**3. RISKS and COMPLICATIONS**

Although the risks are remote, I understand that there is always a risk for post-op extraction complication such as infection, tissue dehiscence, swelling, excess bleeding, dry socket, paresthesia, or bone fracture. These complications happen rarely but I understand that the potential for their occurrence always exist and should such complications happen, I understand that specialist care may become necessary and all costs for such care will be my responsibility.

\_\_\_\_\_  
**4. POST-OP CARE**

I understand that I will be given post-op instructions and it will be my responsibility to abide by these instructions or otherwise risks for post-op complications might increase manifold. I understand that smoking and drinking will greatly increase the risks for post-op complications.

The nature and purpose of tooth extraction has been explained to me, and I have had an opportunity to have my questions answered. In view of the above information, I authorize the doctor and/or associates/assistants as necessary to render the treatment necessary for any dental condition including any and all anesthesia and/or medications.

**Please note:** Monies paid for treatments and services already rendered cannot be refunded or exchanged for additional work. Also, should complications arise during treatment, Dr. Tan reserves the right to refer the patient to a specialist and any fees for specialist care will be the sole responsibility of the patient.

\_\_\_\_\_  
Patient's or Guardian's Signature (please sign in pen)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Today's Date