

INCISION AND DRAINAGE INFORMED CONSENT

Patient details

Patient Name	:	Bahar Tasdemir	Reg #	:	3725
Gender	:	Female	Nationality	:	Turkish
DOB/Age	:	17-May-2003	Mobile #	:	0585187640
Email	:		Facebook A/c	:	

This form and your discussion with your doctor are intended to help you make informed decisions about your surgery. As a member of the treatment team, you have been informed your diagnosis, the planned procedure, the risks, benefits, and alternatives associated with the procedure, and any associated costs. You should consider all of the above, including the option of declining treatment, before deciding whether to proceed with the planned procedure. Your doctor will be happy to answer any questions you may have and provide additional information before you decide whether to sign this document and proceed with the procedure.

Diagnosis:

Type	Code	Diagnosis	Notes
Primary	K01.1	Impacted teeth	

Procedure:

Alternative options:

1. I have been informed of and understand the potential risks related to this Surgical procedure include but are not limited to:

- o Pain, swelling, bleeding, infection, bruising, delayed healing, scarring, damage to other teeth and/or roots that may result in the need for tooth repair or loss, loose tooth/teeth, damage to dental appliances, cracking and/or Stretching of the corners of the mouth, cuts inside the mouth Or On the lips, jaw fracture, stress or damage to the jaw joints (TMJ), difficulty in opening the mouth or chewing, allergic and/or adverse reaction to medications and/or materials;
- o Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time, but in some cases may be permanent;
- o Loss of function and/or weakness of facial expression muscles possibly affecting my appearance. Such conditions may resolve over time, but in some cases may be permanent;
- o Changes in speech, Chewing, and swallowing. Such conditions may resolve over time, but in some cases may be permanent;
- o Abnormal, enlarged, or cosmetically unpleasing scars may occur within the skin and deeper tissue, sometimes requiring additional Surgery. Some scarring may be permanent and always be visible;
- o Continued or worsening infection which may require additional treatment.

Sign here, only if all of your questions have been answered to your satisfaction

Bahar Tasdemir




30-May-2024


Patient's Name

Signature of Patient Legally authorized Representative

Date

Pearl Pinto




Dr. Pearl Pinto
 General Dentist
 DENTISTREE DHA-04205785-003
 DENTISTREE DENTAL CLINIC

30-May-2024

Doctor's Name

Doctor's Signature