INCISION AND DRAINAGE INFORMED CONSENT

Patient details

Patient Name	_][:_	Valeriia Furich	Reg #		3777
Gender]:	Female	Nationality	:	Ukrainian
DOB/Age		14-Jul-1991	Mobile #		0557728589
Email		7.5	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. Your should consider all of the above, including the optiory 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.

Туре	Code	Diagnosis	Notes
No Diagnosis Foun	d for Selected Appointment		
rocedure:	Incisin 2	draye -s be	reed vestibular sp

- 1. I have been informed of and understand the potential risks related to this Surgical procedure include but are not limited to:
 - 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 toss, loose tooth/teeth, damage to dental appliances, cracking ahd/or Stretching of the
 corners ofthe mouth, cuts insidethe mouth Or On the lips, jaw fracture, stress or damage to the jaw joints (TMJ),
 difficulty in openingthe mouth or chewing, allergicand/or adverse reaction to medications and/or materials;
 - Nerve injury, whith 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(ihcludingloss oftaste). Such conditiong may resolve overtime, but jn Some cases may be permanent;
 - Lossof 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;
 - Changesin spéeth, Chewing, and swallowing. Süch conditions may resolveovertime, but in some cases may be permanent;
 - Abnormal, enlarged, or cosmeticallt,w unpleasing scars mayoccur within theskin and déeper tissue, sometimes requiring additional Surgery. Some scarring may be permanent and always be viSible;
 - Continued or worsening infection which may require additional treatment.

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

11-Jun-2024

Patient's Name

Signature of Patient Legally authorized Representative

Date

Doctor's Name

Doctor's Signature

Date

Dr. Shyam Bhat
Specialist Oral & Maxillofacial Surgery
DHA-00212475-005
DENTISTREE DENTAL CLINIC