

DENTALLY ID: _____



Intermediate Minor Oral Surgery
REFERRAL SERVICE

Patient Name: _____

Date of Birth: _____

Personal Health History

Please tick the appropriate boxes you currently suffer , or have previously suffered from any of the symptoms below:

Heart:	<input type="checkbox"/> Angina <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Heart Surgery <input type="checkbox"/> High / Low Blood Pressure <input type="checkbox"/> Pacemaker Fitted <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Thrombosis <input type="checkbox"/> Other? Please indicate below:	Chest:	<input type="checkbox"/> Bronchitis <input type="checkbox"/> Chest Surgery <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Emphysema <input type="checkbox"/> Pleurisy <input type="checkbox"/> Pneumonia <input type="checkbox"/> Smoker <input type="checkbox"/> Other? Please indicate below:
Blood:	<input type="checkbox"/> Anaemia <input type="checkbox"/> Bleeding <input type="checkbox"/> Haemophilia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HIV <input type="checkbox"/> Sickle Cell Anaemia <input type="checkbox"/> Other? Please indicate below:	Allergies:	<input type="checkbox"/> Aspirin <input type="checkbox"/> Asthmatic <input type="checkbox"/> Eczema <input type="checkbox"/> Hay Fever <input type="checkbox"/> Latex <input type="checkbox"/> Penicillin <input type="checkbox"/> Other? Please indicate below:
Warnings:	<input type="checkbox"/> Antibiotic Cover <input type="checkbox"/> Do Not Recline <input type="checkbox"/> No Local Anaesthetics <input type="checkbox"/> Pregnant and/or Nursing <input type="checkbox"/> Special Precautions <input type="checkbox"/> Warning Card <input type="checkbox"/> Other? Please indicate below:	Other:	<input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> GA Experience (General Anaesthetic) <input type="checkbox"/> Hiatus Hernia <input type="checkbox"/> Liver Disease <input type="checkbox"/> Other? Please indicate below:

Tobacco & Alcohol Consumption:	<input type="checkbox"/> Do you smoke? <input type="checkbox"/> Previously a smoker?	If so, how many per day?
	<input type="checkbox"/> Do you drink?	If so, how many units per week?

Please list your medications, including dosage & frequency below:

Name of Medication:	Dosage:	Frequency:

Please complete the Consent form over leaf before handing this form to your Oral Surgeon.

Patient Name: _____ Patient Signature: _____ Date: _____

Oral Surgeon Name: _____ Oral Surgeon Signature: _____ Date: _____

DENTALLY ID: _____

CONSENT FOR THE EXTRACTION OF TEETH AND/OR WISDOM TEETH

Extractions of teeth is an irreversible process and whether routine or difficult, it is a surgical procedure and with any surgery there are some risks and complications involved. These risks and complications include, but are not limited to:

Common Complications:

Bleeding, pain, swelling, bruising, infection, allergic reaction to anaesthetic or antibiotics can occur with any oral surgical procedure. We will be able to manage these easily should they arise.

Dry Socket:

Can occur after any extraction and this is when a blood clot lying inside the socket is lost too early, resulting in the bone underneath is exposed to saliva and air. Dry socket is a very painful occurrence that usually starts around 2-3 days after extractions and can last for 7 days or so. Dry socket delays healing and makes the healing process a more painful affair. Should this arise, we will place a sedative dressing over the socket, and you may be issued antibiotics. Please reduce the risk of dry socket by not smoking after the extraction.

Numbness, tingling or altered sensation to the teeth, lip, tongue, chin & gums:

This risk occurs where there is a close proximity of the tooth roots to the nerves with supply the area. Rarely these nerves may be bruised or injured during the procedure, resulting in tingling or numbness. Sensation often returns to normal, but in rare cases, the loss may become permanent.

Surgical extraction and stitches:

In some cases, especially wisdom teeth or broken teeth, your gums may be cut and some bone around the tooth may need to be removed to expose the tooth for better access. You may require stitches after the procedure of which may be dissolvable and will disappear with time but can take about 1-2 weeks, you will be informed if you require an appointment for stitches removal if they are not dissolvable.

Limited jaw opening (Trismus):

Limited jaw opening may occur after surgery especially with wisdom teeth. In most cases this is due to inflammation, swelling or muscle spasm. Sometimes it is the result of temporomandibular jaw joint (TMJ) dysfunction, especially when TMJ disease and symptoms already exist.

Other possible complications:

Damage to adjacent teeth, displacement of fillings or crown and fracture of the jaw
Sinus perforation, oro-antral fistula or root displacement
Incomplete removal of root fragments
Sharp edges or bony fragments
Swallowing or inhalation of tooth or other fragments

The above risks and complications are what you could experience with extractions of both general teeth, as well as Wisdom teeth. Wisdom teeth are the last of the adult teeth to come through the gum and are described as impacted when there is not enough space at the back of the mouth for them to come through. Impacted Wisdom teeth can cause food and bacteria to stagnate around the gum overlying them and this leads to the gum becoming swollen. Impacted Wisdom teeth can cause pain, swelling and infection, damage to the next teeth, bad breath and soreness of the jaw. People who have problems such as recurrent infection, cysts or tumours, tooth decay or gum disease around a wisdom tooth should think about having it removed. People who have impacted wisdom teeth that are not causing any problems do not need to have them removed. Please note, that the removal of the Wisdom teeth does not usually improve crookedness or crowding in other teeth.

NICE Recommendations on Wisdom teeth state:

Impacted wisdom teeth that are free from disease (healthy) should not be operated on. There are **two** reasons for this: There is no reliable research to suggest that this practice benefits patients. Patients who have healthy wisdom teeth removed are being exposed to the risks of surgery. These can include, nerve damage, damage to other teeth, infection, bleeding and rarely death. Also, after surgery to remove wisdom teeth, patients may have swelling, pain and be unable to open their mouth fully.

The risk and the benefit of the procedure have been discussed with me to my satisfaction. I have decided to proceed with the proposed treatment and take responsibility for following all post-operative instructions (and sedation advice if applicable).

Tooth/teeth to be extracted (to be completed by Oral Surgeon): _____

I certify that I have read, and fully understand this document. And I give my consent to have the extraction the Oral Surgery Team received a referral for.

Patient Name: _____ Patient Signature: _____ Date: _____

Oral Surgeon Name: _____ Oral Surgeon Signature: _____ Date: _____