



**Advanced Dental Care of Englewood**  
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**TOOTH EXTRACTION CONSENT**

Patient Name and/or Chart Number: \_\_\_\_\_

Your dentist suggests that the following teeth be removed: \_\_\_\_\_

The consequences of not performing necessary extractions may include:

- Continuation, growth, and/or spread of infection
- Pain and swelling
- Systemic infection, such as fever, sepsis, and (in rare cases) death
- Aspiration (inhaling) of loose teeth or tooth fragments
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Though rare, the following complications may occur during or after dental extractions:

- Pain and swelling
- Injury to neighboring teeth, restorations, or soft tissues
- Reversible or irreversible nerve damage
- Dry socket (a painful, noninfectious complication)
- Infection
- Adverse reactions to medications, anesthesia, or substances used for the extraction
- Retained fragments of teeth in the jaw (if the risk of removal outweighs the benefit)
- Perforation of the maxillary sinus, possibly requiring further treatment
- In rare cases, fracture of the jaw requiring further treatment

I understand that tooth extraction is an elective procedure, and there are often alternative treatments, such as a root canal and restoration or performing no treatment at all. My dentist has described other options, invited me to ask questions, and I am electing to proceed with the extraction.

I will follow the verbal and written postoperative instructions and return for a follow-up appointment if requested.

\_\_\_\_\_  
Patient or Guardian Name

\_\_\_\_\_  
Date

