



**PATIENT CONSENT FOR ORAL SURGERY**

Dr. Germain has explained to me the proposed treatment and the anticipated results of such treatment. It has also been explained to me that there are certain potential risks for this procedure. These include:

1. Injury to a nerve resulting in numbness or tingling of the chin, lip, cheek, gums and or tongue on the operated side; this may persist for several weeks, months or in remote instances, permanently.
2. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
3. Postoperative infection requiring additional treatment.
4. Postoperative discomfort, swelling, and bleeding that may necessitate several days of recuperation.

I understand that the medications, drugs, anesthetics, and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and not to operate any vehicle, automobile, or hazardous devices while taking such medications and until fully recovered from their effects.

I fully understand the risks involved in the proposed surgery and anesthesia, and have had all my questions answered to my satisfaction. I hereby give my informed consent for oral surgery by Dr.Germain.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date



**PATIENT CONSENT FOR DENTURES, COMPLETE OR PARTIAL**

I realize that immediate, full, or partial dentures are artificial, constructed of plastic, metal, and / or porcelain. The problems of wearing these appliances have been explained to me, including looseness, soreness, and possible breakage.

I understand wearing dentures is difficult. Sore spots, altered speech, and difficulty eating are common problems.

I understand the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be at the "teeth in wax" try-in visit.

I understand that most dentures require relining approximately 3 to 12 months after the initial placement. In the case of immediate dentures (placement of dentures immediately after extractions), several relines and considerable adjusting may be required, as well as a permanent reline. In some cases after several months a second denture may be needed, at an additional cost. I understand that the cost of any reline is not included in the initial denture fees.

Having read and considered all of the above, and have had all my questions answered to my satisfaction, I hereby give my informed consent for dentures, complete or partial by Dr. Germain.

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Print Name

\_\_\_\_\_

Date

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Patient Signature

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Date

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Doctor Signature

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Date



**PRESCRIPTION INSTRUCTIONS FOR ORAL SURGERY**

Take the following prescription as follows:

1. Ensure you have no allergies to any of the medications.
2. Take 3 tablets of the Serax (sedative) the night before your appointment and 3 tablets again 1 hour before your appointment time. Be sure to bring the remaining tablets with you to your appointment. Sedation is optional and to be discussed with the Dentist. You must not drive the day you take the sedative.
3. Take the Amoxicillin one hour prior to your scheduled appointment time or take Clindamycin if allergy to Penicillin. Continue to take as directed until completed.
4. Start the Decadron 30 minutes after your appointment take 1 ½ tablet the 1<sup>st</sup>, 1 tablet the 2<sup>nd</sup> day and ½ a tablet the 3<sup>rd</sup> day.
5. (Have available to take Ibuprofen 200 or 400 mg tablets – take Tylenol if unable to take Ibuprofen). Take 600 mgs Ibuprofen 30 minutes after your appointment time.

If you have any questions or concerns, please feel free to contact our office



## MAINTAINANCE OF SOFT DENTURE RELINE

### (VISCOGEL)

1. Gently brush the reline
2. Leave the denture to soak in a mixture of 10 parts water to 1 part clear alcohol (Gin or Vodka)
3. Call if any area is rubbing, this will not resolve on its own, and requires an adjustment
4. Please be advised this is a temporary reline only. It is meant to help the fit of your denture while your gums and bone are healing.

## POST SURGICAL INSTRUCTIONS WITH DENTURES

1. **RINSE MOUTH ONCE TONIGHT BEFORE BED**– Tomorrow rinse mouth gently every 3 -4 hours (especially after meals) using ¼ teaspoon of salt to a glass of warm water. Continue for 2 weeks.
2. **BLEEDING**- Following extractions some bleeding is to be expected. If persistent bleeding occurs, place gauze pads over bleeding area and bite down firmly for 30 minutes. Repeat if necessary. If bleeding continues call the office.
3. **SWELLING**- Ice bag or chopped ice wrapped in a towel should be applied to operated area- 30 minutes on and 30 minutes off for 4 – 5 hours.
4. **PAIN**- For mild to average pain use Ibuprofen 600 mg ex) Advil.
5. **FOOD** –Light/soft diet is advisable during the first 24 hours. Calories are necessary to allow the body to heal.
6. **BONY EDGES** – Small sharp bone fragments may work up through the gums during healing. These are not roots; if present call the office to set up a time for their simple removal.
7. **DO NOT**- smoke, drink alcohol, spit or suck through a straw for 1 week.
8. If any unusual symptoms occur, call our office.
9. The proper care following oral surgical procedures will hasten recovery and prevent complications.
10. -Do not remove your denture. Be sure to keep wearing your denture until your next day follow-up appointment