ROBERT T.
HARRISON
DDS PC
Family Dentistry
For Everyone With
Care & Concern
(970) 223•5393
SUITE 101
383 W. DRAKE RD
FORT COLLINS, CO 80526-2884
SATURDAY APPTS.

Surgical Informed Consent

I hereby give permission to Robert T. Harrison, DDS to perform the following procedure(s) for myself (or my dependent _____) and such additional procedures as are considered necessary on the basis of findings during the course of said procedure:
_____.

The following alternative methods of treatment have been explained to me as being practical and possible, but I desire the treatment mentioned above.

I hereby certify that I fully understand this authorization for surgical treatment and the reason why the above-named surgery is considered necessary. I have been given the opportunity to ask questions and have been given satisfactory answers.

I give my consent for the procedure(s) to be done with the following anesthesia and/or medications.

1. Local Anesthesia
2. Nitrous Oxide

I also understand that the administration of medications and performance of surgery can carry certain common inherent risks, such as, but not limited to:

1. Drug reactions and side effects.
2. Post-operative bleeding.
3. Post-operative infection or bone inflammation
4. Possible involvement of the sinus of the upper jaw during the removal of upper back teeth, requiring possible surgery for repair at a future date.
5. Possible involvement of the nerve within the lower jaw during the removal of lower wisdom teeth, resulting in usually temporary, but possible permanent, numbness and/or tingling in the lower lip, right and/or left sides.
6. Possible fracture of the lower jaw during the procedure(s).
7. Bruising and/or vein inflammation at the site of intravenous injections.

I am aware the practice of Oral and Maxillofacial surgery is not an exact science and I acknowledge that no guarantees have been made to me as a re
sult to the procedure authorized above.

Date: _____

_____ _____
Patient's Signature Parent's Signature (if patient is a minor)

SURGICAL INFORMED CONSENT