



Dr. Lon C. McRae, DMD

Oral Surgery/Anesthesia Consent Form

I, _____ Acknowledge that my doctor has explained to me that I will have an operation, diagnostic treatment procedure. My doctor has explained the risks of the procedure, advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the surgery procedure.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the result of my procedure or treatment. Although rare, unexpected, severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service below will be used for my procedure and that the anesthesia technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique that involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

Minor/Major Nerve Block-Monitored Anesthesia Care (Sedation)

Expected Result: Conscious or total unconsciousness state, possible placement of tube into the windpipe, temporary loss of feeling and/or movement of specific limb or area, reduced anxiety and pain, partial or total amnesia. Measurements or vital signs, availability of anesthesia provider for further intervention.

Technique: Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state. Drug injected near nerves providing loss of sensation to area of the operation. Drug injected into veins of arm or leg.

Risks: Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia, infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels, an unconscious state, depressed breathing.

This is my consent for Lon C. McRae, DMD, to perform the oral surgery indicated on my dental chart, as previously explained to me, and any other procedure deemed necessary or advisable in addition to the planned treatment. I also agree to the use of a local and/or general anesthetic, sedation and analgesia depending upon the judgment of Lon C. McRae, DMD.

I have been informed and understand that occasionally there are complications of the surgery, drugs, and anesthesia including pain, infection, swelling, bleeding, discoloration, numbness and tingling of the lip, tongue, chin, gums, cheeks, and teeth, pain and numbness and thrombophlebitis (inflammation of

vein) from intravenous and intramuscular injection, injury to and stiffening of the neck and facial muscles, change in occlusion or temporomandibular joint difficulty, injury to the adjacent teeth or restoration in other teeth or injury to other tissues, referred pain to ear, neck, and head, nausea, vomiting, allergic reaction, bone fractures, bruises, delayed healing, sinus complications and nasal antral fistulas and openings.

Medications, drugs, anesthetics, prescriptions may cause drowsiness and lack of awareness and coordination which can be increased by the use of alcohol or other drugs, thus, I have been advised not to operate any vehicle or hazardous devices, or work while taking such medications and/or drugs or until fully recovered from the effects of same. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours or until further recovered from the effects of the anesthetic, medication and drugs that may have been given to me in the office for my care.

The fee for these services has been explained to me and is satisfactory. I understand there is no warranty or guarantee as to any result. I understand that I can ask for a full recital of all possible risks attendant to phases of my care.

Estimated fee for phase one of my portion is : _____

Estimated fee for phase two of my portion is: _____

Estimated fee for phase three of my portion is: _____

I understand the full charge that is being billed to my account and insurance is:

_____ **I understand that I am responsible for any charges my insurance *does not cover*.**

Comments: _____

If you are or may be pregnant please let us know before sedation appointment.

Lon C. McRae, DMD

Date:

Signature of Patient, Patient Guardian

Date: