

## Written informed consent

### Apicoectomy surgery Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the infection around the root tip in respect to the tooth numbered ----- and the need of a minor surgery to clear the infection.

I have been explained about the procedure in detail including injection of the local anaesthesia, incision, rising of the tissue to access and remove the infection, retrograde filling of the root tip and closure with sutures at the end of the procedure. Post-operative sequels like pain and swelling for few days have been explained. If not treated, chances of recurrent pain and swelling because of the infection are also explained.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date: \_\_\_\_\_ signature of the patient: \_\_\_\_\_

Time: \_\_\_\_\_ signature of the patient attendant: \_\_\_\_\_

Signature of the Doctor with seal: \_\_\_\_\_