

Written informed consent

Surgical Removal of Tooth Surgery

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the surgical removal of the tooth numbered ----- and I have been explained the procedure in detail including injection of local anaesthesia, surgical incision, drilling of jaw bone, splitting of tooth when required and placement of sutures.

Post-operative sequel like pain and swelling for few days have been explained.

I have also been explained in detail the likely hood of inferior alveolar nerve/lingual nerve injury and paresthesia of the lower lip/ half of the tongue, post-operatively.

Alternative treatment with medication, as a temporary measure and repeated chances of infection if not treated have been explained.

I hereby agree to undergo the above said minor surgery 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: