

Written informed consent

Frenectomy Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the high frenular attachment at the inner aspect of the upper lip or below the tongue tip and the need of a minor surgery to release the frenum for treatment of midline diastema (gap) in case of upper and for free movement of the tongue and better speech in case of tongue tie..

I have been explained about the procedure in detail including injection of the local anaesthesia, incision, release of the tissue, rearrangement of the tissue (z plasty) if required 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 incomplete closure of midline diastema and or restricted movement of the tongue and speech problems persisting 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: