

Written informed consent

Fracture (Jaw) Surgery Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the fracture of the jaw bone and the need for the surgery..

If not treated, chances of the fractured jaw bone malunion or non union and development of the infection are explained.

Post-operative sequel like pain and swelling for few days and if required need for binding of the teeth (intermaxillary fixation) for few weeks have been explained.

I hereby agree to undergo the 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: