

## Written informed consent

### Extraction of the Tooth

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the extraction of the tooth/teeth numbered ----- and I have been explained the procedure in detail including injection of local anaesthesia, application of force via extraction forceps for removal of the tooth/teeth.

Intra-operative complications like fracture of the tooth, alveolus (tooth supporting bone) have been explained and in such cases, surgical incision, drilling of jaw bone to remove the broken tooth, placement of sutures and post-operative sequel like pain and swelling for few days have been informed. Replacement of the tooth/teeth after the extraction/removal of the tooth/teeth have also been discussed.

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: