

I am aware that the the post-operative complication of DRY SOCKET, may occur, especially if I do not follow the recommendation and post-operative instructions that the dentist has given me, including: NO SMOKING, SPITTING, SUCKING, or PUTTING THINGS IN THE SOCKET. Dry Socket usually appears 3-10 days after the surgery and is very painful and accompanied by a foul taste and odor. This happens because the blood clot has become dislodged from the socket, and the bone is not healing properly, if this happens, I will come to see my dentist as soon as possible for Dry Socket Paste, to aid the pain and the healing process._____

I agree to the type of anaesthesia, depending on the choice of the doctor. I understand that I must not operate a motor vehicle or hazardous device for at least 24 hours or more until I have recovered from the effects of the anaesthesia or drugs administered fro my care._____

I understand that despite the possible complications, my contemplated surgery is necessary and is desired by me._____

I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of surgical dentistry, provided that my identity is not revealed._____

I have had ample opportunity to read this form and ask any questions, and had my questions answered satisfactorily._____

Print Name

Date

Signature

Doctor

Date

Signature