

# ORAL SURGERY



**Bhargava**  
FAMILY DENTISTRY

CARE & INFORMATION FROM BHARGAVA FAMILY DENTISTRY

## INFORMED CONSENT

This form is my consent for Dr. Bhargava and/or any dentist who is working with him to perform the following treatment/procedure/surgery:

as previously explained to me, or other procedures deemed necessary to complete the planned treatment/procedure/surgery.

## TREATMENT OF ORAL TISSUE

I understand the purpose of the procedure is to treat and possibly correct my diseased oral tissues. I have been informed of possible alternative methods of treatment, if any. I understand that it is my choice to have this procedure performed. Dr. Bhargava has explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to, the following:

- Postoperative discomfort and swelling that may necessitate several days of home recuperation
- Heavy bleeding that may be prolonged
- Injury to adjacent teeth, crowns (caps), or fillings. If this does occur, repair is the responsibility of the patient
- Postoperative infection requiring additional treatment
- Stretching of the corners of the mouth, with resultant cracking and/or bruising
- Restricted mouth opening for several days or weeks
- Decision to leave a small piece of root in the jaw when its removal would require extensive surgery
- Breakage of the jaw
- Injury to the nerve underlying the teeth, resulting in numbness or tingling of the lip, chin, gums, cheek and/or tongue; this may persist for weeks, months or, in remote instances, permanently.
- Perforation (opening) of the sinus (a normal cavity above upper teeth). This may heal on its own or require additional surgery. This would be the responsibility of the patient.

If any condition should arise in the course of surgery, I request and authorize the doctor to do whatever he deems advisable. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Because of individual patient differences, there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition despite the care provided. I have had the opportunity to discuss with the doctor my medical and health history. I have informed the doctor of any serious problems and/or injuries.



### **NEIL BHARGAVA**

Dr. Bhargava opened Bhargava Family Dentistry in 2004. He and his highly-skilled staff of dentists and hygienists have performed thousands of crown restorations and other dental work here in Wichita.

## MEDICATIONS

I may be given a prescription for pain medications and/or antibiotics. I understand that medications may cause drowsiness and a lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus I have been advised not to work or operate any vehicle or hazardous device while taking medications or until fully recovered from its effects. We recommend you fill your prescription at your regular pharmacy, as this helps to ensure potential drug interactions are addressed properly.

## CONTACT

**(316) 630-0002**  
***bhargavadds.com***

I certify that I have had an opportunity to read and fully understand the terms and words within the above consent. I also state that I can read and write English. I have had an opportunity to have all questions addressed by the doctor prior to treatment.

patient's signature/date

assistant's signature/date

doctor's signature/date