

Sedona Periodontics

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Practice Limited to Periodontics

Generalized Informed Consent for Surgery

I understand that there may be alternatives to this surgery and after the Doctor's explanation; I have chosen to proceed with surgery (_____). There are various normal complications that can occur despite all efforts to the contrary as a result of the surgery which include, but are not limited to:

- **Allergic reactions to medications or anesthetics used**
- **Pain, swelling, infection, bruising, bleeding**
- **Stiffness of the nearby muscles**
- **Numbness**
- **Root tips may fracture and be left in place or could be displaced into the sinuses and/or spaces nearby**
- **Dry sockets, aspiration and/or swallowing of foreign objects**
- **Damage to adjacent teeth and/or restorations**

The dental care and treatment to be performed has been explained to me and I understand what is to be done and that there is no warranty or guarantee as to any result and/or cure.

This is my consent for the surgery, anesthetics, and x-rays to be taken.

I have read and understand the above and have had all my questions answered to my satisfaction and I agree to proceed with the recommended surgery.

Date

(Signature of Patient/Parent/Guardian)

(Print Name of Patient/Parent/Guardian)

(Signature of Witness)

Date

(Name of Witness)

Date