

## **Kate von Lackum, D.M.D., Ph.D**

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### **Surgical Consent Form**

1. I, \_\_\_\_\_, have been informed, and I understand the purpose and the nature of the surgical procedure(s) explained to me by Dr. von Lackum. Treatment consists of:
2. Treatment alternatives, if indicated, have also been explained to me.
3. I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, tooth sensitivity, looseness of teeth. Untreated areas of infection could result in loss of teeth. Other problems that may arise are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles on chewing.
4. I understand that there is no method to accurately predict the gum and bone healing capabilities in each patient before surgery.
5. I have been informed that during extraction of a lower tooth, injury to the nerves may occur which would result in temporary or permanent numbness in my lip, chin, or tongue. If the extraction is in the upper jaw, sinus penetration could occur which might result in an infection from the sinus cavity into the oral cavity.
6. I have been informed and understand that the practice of dentistry is not an exact science; no guarantee or assurances on the outcome, or results of treatment, or surgery can be made.
7. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection, and discoloration. Numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of vein, injury to teeth present, bone fractures, sinus penetration and delayed healing.
8. I understand that Dr. von Lackum will make every effort to select the safest and most effective anesthetics and medications for me. I further understand that occasionally, in spite of every precaution, allergic or adverse reaction to medications do occur.
9. Conscious Sedation ONLY: I agree not to operate a motor vehicle or hazardous device for at least 24 hours or until fully recovered from the effects of the anesthesia or drugs given for my care. Narcotic Use: Do not drive a motor vehicle or operate machinery for 8 hours. Take one narcotic with food.

10. I understand that smoking and alcohol will effect gum healing and may limit the success of the surgery.
11. To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, anesthetics, food, insect bites, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding, or any other conditions related to my health.
12. I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of dentistry, provided my identity is not revealed.
13. I agree to follow the post-operative and home care instructions given to me by Dr. von Lackum or her staff.
14. I agree to report to Dr. von Lackum (or her staff) for whatever examination, x-rays, and preventative care are needed to evaluate the healing and health status of the surgical areas.
15. I understand that the treated teeth and surgical area may become temporarily sensitive to cold, hot, air and sweets.
16. I request and authorize medical/dental services including oral surgery. I fully understand that during, and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of the comprehensive treatment. I also approve any modification of the treatment plan at the time of surgery if it is in my best interest.

Signature of Dr. Kate von Lackum:

Signature of Patient or Guardian:

Signature of witness: