

**CONSENT FOR TRAUMA REPAIR OF FACIAL/DENTAL INJURY**

**Patient's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE CHECK EACH BOX AFTER READING. If you have any questions please ask your doctor.**

- I have been fully informed about my condition and the recommended treatment options.
- I authorize Dr. Reynolds/Dr. Auble to perform the following procedure(s): \_\_\_\_\_  
\_\_\_\_\_
- These procedures are necessary to treat the following condition(s): \_\_\_\_\_  
\_\_\_\_\_
- The possible alternate methods of treatment (if any), include: \_\_\_\_\_  
\_\_\_\_\_
- I understand that there are certain inherent and potential risks and side effects of any surgical procedure and in this specific instance such risks include, but are not limited to:
  - Damage to, or loss of, teeth in the area of the trauma or fracture; loss of vitality of those teeth with requirement for future root canal therapy; loss of dental restorations; devitalization of bone and soft tissue in the area of trauma which may result in some loss of tissue.
  - Post-operative swelling, discomfort, bruising, bleeding, hematoma (blood clot), wound infection, sinusitis and limitation of function, any of which may require further care.
  - Adverse or allergic reactions to medications or anesthesia causing multiple side effects, some of which may be serious and require additional care or hospitalization.
  - Reaction to foreign material which may have been introduced into the wound by the trauma, or "tattooing" of the skin or mucosa from particles of foreign material.
  - Change in occlusion (bite) and jaw function after treatment; secondary problems of the jaw joint (TMJ) which may be prolonged, or even permanent, and which may require future treatment.
  - Stretching of the corners of the mouth that may cause cracking and bruising and may heal slowly.
  - Scarring either inside the mouth or on the face, head and neck, depending on the nature and force of the trauma and the locations of certain incisions required in treatment.
  - Facial muscle weakness, particularly of the lip, eyelid or other muscles of expression caused by injury to motor nerves in the area of the trauma. Such weakness may be partial or total and may be temporary or permanent.
  - Sensory nerve injury causing pain, numbness, or other sensory alterations anywhere in the mouth, tongue (including possible loss of taste sensation), cheek, lip, and areas of facial skin which may be temporary or permanent.
  - Wiring the teeth together during the time required for healing of bone fractures will significantly reduce oral hygiene effectiveness, which may then lead to, or worsen, periodontal (gum) disease, bleeding gums, discomfort and loosening of teeth. Following treatment for facial injury, any such conditions must be treated. Jaw wiring will decrease normal diet and cause temporary weight loss.
  - Certain wires, screws, plates, splints or other fixation devices may be introduced, and some may require later removal.
  - Non-union or malunion of bony fractures, possibly requiring re-treatment. Some cosmetic or functional deformity may occur in areas adjacent to the trauma or repair.
  - Other: \_\_\_\_\_

# REYNOLDS ORAL & FACIAL SURGERY



- I understand that additional injury may be discovered during treatment that might necessitate a change in approach or a different procedure from those explained above and I authorize my doctor to perform such procedures that are necessary and advisable in the exercise of professional judgment.
- I understand that this is complex treatment and there can be no guarantee of complete resolution of my present symptoms or jaw/teeth/facial injury. Occasionally there may be increased symptoms post-operatively (for example, numbness). I also understand that additional treatment may be necessary post-operatively, including (but not restricted to) physical therapy, reconstructive dentistry, orthodontics, re-treatment of bone fractures including bone grafting, removal of certain fixation devices, or TMJ treatment.
- I have been told of my option for a second opinion regarding the proposed treatment from another qualified professional.

**ADDITIONAL AGREEMENTS AND AUTHORIZATIONS**

- I understand smoking is extremely detrimental to the healing process. **I agree to cease all use of tobacco for 6 weeks prior to and 6 months after surgery and to make strong efforts to give up smoking entirely.**
- Recognizing that during the surgery some unforeseen condition may be discovered that may necessitate a change in approach or different procedure from those explained above, I authorize Dr. Reynolds/Dr. Auble to perform such procedures as are necessary and advisable in the exercise of his professional judgment.
- No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that the treatment would be helpful, and I have weighed the risk with the proposed benefits.
- I have discussed my past medical history with the doctor and have disclosed ALL diseases and medications, including alcohol and drug use past and present.
- I agree to cooperate completely with the recommendations of Dr. Reynolds/Dr. Auble, realizing that lack of cooperation may result in a less than optimal result.
- I understand that oral hygiene will be difficult following surgery, but will do my utmost to follow normal tooth brushing and oral hygiene routines.

I certify that I have had an opportunity to read and fully understand the terms within the above consent and the explanation made, and that all blanks or statements requiring completion were filled in, and any inapplicable paragraphs were stricken before I signed. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the procedure.

Patient's (or Legal Guardian's) Signature	Date
Doctor's Signature	Date
Witness' Signature	Date