Life Smiles Dental Care

CONSENT FORM FOR THE REMOVAL OF A BABY TOOTH

ABOUT THE PROPOSED TREATMENT

Dr. Nielson has explained the benefits and risks of tooth removal to me. I understand the reasons why this treatment is needed. Referral to a specialist (oral surgeon) has been offered.

TREATMENT RISKS/COMPLICATIONS

- **Root fragments may break; small pieces may be left in the jaw**
- **Damage to or loosening of adjacent teeth or restorations**
- **Post treatment bleeding**
- **Post treatment pain, swelling, or infection**
- **Crowding of permanent teeth is a space maintainer is not placed**

CONSEQUENCES OF NOT PERFORMING TREATMENT

Persistent infection that can cause severe pain, swelling, damage to permanent teeth, and spreading of the infection to other parts of the body.

ALTERNATIVES

Do nothing. In some cases the tooth can be saved with a filling, silver crown, or root canal treatment.

NEED FOR SPACE MAINTAINERS

If the baby tooth to be removed will not be replaced promptly by the permanent tooth orthodontic complications can result. This can include drifting of the adjacent and opposing teeth into the space, thereby leaving insufficient room for the permanent tooth to grow into. If the permanent tooth will not erupt promptly after the extraction, it is recommended that a space maintainer appliance be used to hold the correct space.

ALL OF MY QUESTIONS HAVE BEEN ADDRESSED. I CONSENT TO THE TREATMENT DESCRIBED IN THIS PAPER.

Parent's Signature & Date ____

Witness & Date ____

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