



**Hume Dental Group**  
1 Katryn Street, Fawkner Vic 3060  
03 93574477  
info@hume.dental  
ABN: 90 109 826 066

### Dental Extraction Consent Form

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**Patient Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Phone/Address:** \_\_\_\_\_

**Treating Dentist: Dr.** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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### Procedure Details

You have been advised that one or more teeth require **extraction (removal)** due to decay, infection, gum disease, fracture, or other dental issues. The procedure involves numbing the area and removing the tooth from the socket. In some cases, a **surgical extraction** may be required.

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### Important Information

- Once a tooth is removed, it **cannot be replaced naturally**.
  - You may experience **swelling, discomfort, or bruising** for a few days after the procedure.
  - Stitches may be required depending on the type of extraction.
  - Dry socket may occur if the blood clot becomes dislodged.
  - You must follow all aftercare instructions to support healing and reduce complications.
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### Risks and Possible Complications

I understand that the risks of dental extraction include, but are not limited to:

- ☐ Pain, swelling, bruising, or bleeding
- ☐ Dry socket (painful loss of the blood clot)
- ☐ Damage to nearby teeth, fillings, or crowns
- ☐ Infection that may require antibiotics
- ☐ Numbness or tingling of the lips, chin, tongue, or gums (temporary or rarely permanent)
- ☐ Sinus involvement for upper back teeth
- ☐ Need for further treatment, such as stitches, additional cleaning, or medication
- ☐ Possibility of **root fragments being left in place** if removal poses a risk
- ☐ Jaw joint (TMJ) soreness or limited mouth opening
- ☐ Risk of delayed healing due to smoking or medical conditions



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### Alternatives Discussed

- ☐ Root canal treatment (if appropriate)
- ☐ Crown, filling, or restorative options (if possible)
- ☐ No treatment (not recommended if infection or pain is present)

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### Aftercare Requirements

I understand that after the extraction I must:

- Bite firmly on gauze for 30–60 minutes
- Avoid smoking or vaping for at least 72 hours
- Avoid vigorous rinsing or spitting for 24 hours
- Eat soft foods and chew on the opposite side
- Follow all instructions given by the dental team

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### Patient Consent

I confirm that:

- The procedure, alternatives, and risks have been explained to me.
- I have had the opportunity to ask questions and understand the information provided.
- I understand the risks, benefits, and limitations of dental extraction.
- I consent to the extraction(s) recommended by my dentist at Hume Dental Group.

**Tooth/Teeth to be extracted:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_