



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

## Wisdom Teeth Extraction Consent Form

*(Please complete with three patient identifiers: Full Name, Date of Birth, and Contact Number/Address)*

---

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

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

---

## Procedure Information

You are having one or more **wisdom teeth removed**. This may involve a simple extraction or a surgical procedure depending on the position of the teeth.

---

## Important Information

- Wisdom teeth may cause pain, infection, swelling, decay, gum issues, or crowding.
- Removal can help prevent future problems, but healing varies from person to person.
- Stitches may be required and healing can take several days.
- You must follow all aftercare instructions to reduce complications.

---

## Risks and Possible Complications

I understand that the risks include (but are not limited to):

- ☐ Pain, swelling, bruising, or bleeding
- ☐ Dry socket (loss of blood clot causing pain)
- ☐ Infection that may need antibiotics
- ☐ Numbness or tingling of the lips, chin, or tongue (temporary or rarely permanent)
- ☐ Sinus involvement for upper wisdom teeth
- ☐ Damage to nearby teeth, fillings, or restorations
- ☐ Jaw stiffness or difficulty opening
- ☐ Delayed healing from smoking or medical conditions

---

**Alternatives Discussed**

- ☐ Monitoring the wisdom teeth
- ☐ No treatment (with risk of future pain or infection)
- ☐ Referral to an oral surgeon

---

**Aftercare Requirements**

I understand that I must:

- Bite on gauze for 30–60 minutes
- Avoid smoking or vaping for at least 72 hours
- Avoid vigorous rinsing, spitting, or drinking through a straw for 24 hours
- Follow soft diet recommendations
- Take medications as prescribed

---

**Consent**

I confirm that:

- The procedure, risks, alternatives, and aftercare have been explained to me.
- I have had the chance to ask questions and understand the information provided.
- I consent to the extraction of the following wisdom teeth:

**Teeth numbers:** \_\_\_\_\_

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

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