

Champlain Periodontal

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CONSENT FOR EXTRACTION

- 1) I hereby consent to the following procedure(s): _____

- 2) I have been informed of possible alternatives (if any) to this procedure.
- 3) I understand that there are potential risks associated with this procedure, which can include, but are not limited to, the following:
- a. Post-operative discomfort and swelling
 - b. Bleeding
 - c. Damage to adjacent teeth and restorations
 - d. Post-operative infection requiring additional treatment
 - e. Numbness, which may persist for a prolonged period of time
 - f. Perforation of maxillary sinus

I understand all of the above and consent to this (these) procedure(s).

Signature of patient (parent/guardian)

Date

Signature of patient (parent/guardian)

Date