

Oral & Maxillofacial Surgeons of Houston

R. Kent Stobaugh, D.D.S.

Paul S. Metz, D.D.S., M.D.

713-464-2833

CONSENT FOR SURGICAL PROCEDURES AND ANESTHESIA

This is my consent for Dr. R. Kent Stobaugh and/or Dr. Paul S. Metz to perform the oral & maxillofacial surgery indicated on my examination chart and any other procedures deemed necessary as a corollary to the planned operation. I also agree to the use of a local anesthetic, inhalation analgesia, intravenous sedation and/or ultralight general anesthesia depending upon the judgement of the doctor involved with my care. On occasion, bone grafting procedures may be indicated to treat areas of bone loss or bony irregularities. By signing this authorization, I give Dr. R. Kent Stobaugh and/or Dr. Paul S. Metz permission to use processed (human or bovine) bone, artificial bone, or harvest and graft autogenous bone as he deems necessary to treat any such defects.

I have been informed and understand that occasionally there are complications of the surgery, anesthesia, and/or medications. These may include: pain; dry socket; infection; swelling; bleeding; bruising or discoloration; tingling and numbness of the lips, tongue chin, gums, cheeks and teeth; numbness and thrombophlebitis (inflammation of a vein) from intravenous and/or intramuscular injections; stiffening of the neck and facial muscles; temporomandibular joint difficulty with possible changes in occlusion; injury to the adjacent teeth or restorations in other teeth; injury to other tissues; referred pain to the ear, neck and head; nausea; vomiting; allergic reaction; cardiovascular collapse or other conditions requiring hospitalization; oral-sinus openings with delayed healing and possibly requiring additional surgery; and the possibility of a small piece of tooth root being left in the jaw when removal would require extensive surgery.

Anesthetics, medications, and prescriptions may cause drowsiness and lack of coordination which can be amplified by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous device for at least 24 hours or until fully recovered from the effect of the anesthetic or medications that may have been given to me for my care.

I acknowledge the receipt of and understand my postoperative instructions which includes scheduling and attending my postoperative visit. It has been explained to me and I understand there is no warranty or guarantee as to any result and/or cure. I understand I may ask for a full recital of all possible risks attendant to phases of my care just by asking.

Signature of Patient or Legal Guardian

Date

Witness

Date

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