

NAUMAN QUAMAR, BDS, MS
— Specialist in Periodontics & Implantology —

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INFORMED CONSENT FOR PERIODONTAL SURGERY & ANESTHESIA
(Connective Tissue Grafting, Crown Lengthening, Osseous Surgery, Gingivectomy, Oral Sedation)

This is my consent to the procedure indicated on the examination chart which includes:

and any other procedures deemed necessary or advisable as a corollary to the planned procedure to be performed by Dr. Nauman Quamar. I have had the opportunity to ask about the procedure planned, understand the necessity of the procedure, and have had the opportunity to discuss any alternatives to the procedure; and, I desire the treatment mentioned above. I agree to the use of a local anesthetic, oral anesthetic, IV sedation, and analgesia depending upon the judgment of Dr. Quamar.

I understand that my doctor may discover other or different conditions which require additional or different procedures than those planned. I therefore consent to the performance of such additional or alternative procedures as may be required by proper dental care in the best judgment of Dr. Quamar and such associates, technical assistants, and other healthcare providers to perform such other procedures which are advisable in their professional judgment.

I have been informed of the possible complications of the surgery, anesthesia, and other drugs, including: swelling; discomfort; infection; bleeding; dry socket; damage to adjacent teeth and soft tissue; opening of the sinus requiring additional treatment; jaw fracture; muscle spasms; limited opening of jaws for several days or weeks; and/or, numbness or tingling of the lip, gums, or tongue which is usually temporary but could be permanent.

I understand that I.V. conscious sedation and other forms of supplemental sedation involve additional risks and hazards. I(we) understand that certain complications may result from the use of any I.V. sedative or other form of anesthesia, including respiratory problems, drug reactions, paralysis, brain damage, or even death. Other risks and hazards which may result from the use of I.V. sedation or other sedatives or anesthetics range from minor discomfort to injury of the vocal chords, teeth, and/or eyes. It is further understood that I am not to operate any vehicle or hazardous devices for the balance of the present calendar day and until fully recovered from the anesthetic and/or medications. Medications for pain, sedation, sleep, and other purposes may cause drowsiness which can be increased by the use of alcohol or other drugs. I am advised to avoid operating any vehicle or hazardous devices while taking such medications. If I wish a full recital of all possible risks attendant to therapy, I will inform the doctor.

I understand that no warranty or guarantee has been made to me as to result or cure. I have been given both oral and written post-operative instructions, and I agree to personally contact Dr. Quamar in the event I have a problem. I will follow his instructions until that problem has been satisfactorily resolved.

I understand that Dr. Quamar is not employed by my dentist but is an independent contractor and will receive a portion of the fee paid to my dentist for these services. I have chosen Dr. Quamar from the alternatives I have been offered to perform my dental procedure.

I understand that Dr. Quamar is a specialist in periodontics, providing implant dentistry and oral surgery services.

I certify that this form has been fully explained to me and that I have read it or have had it read to me and fully understand its contents.

Signature of Patient or Legal Guardian

Date

Signature of Dr. Quamar

Date

Witness's Signature

Date