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Blue Springs, MO 64014
(816) 229-3737

200 S.E. Douglas St.
Lee's Summit, MO 64063
(816) 524-2492

1806 W. 11th St.
Sedalia Mo. 65301
(660) 826-7551



Informed Consent

Patient: _____

Procedure: _____

Before undergoing oral surgery, I will discuss the proposed treatment with Dr. Flack or Dr. Stone, or their appointed associates. I give consent to performing the surgery and whatever procedures may be deemed necessary or advisable in addition to the planned operation should the need arise. I understand the hazards in connection with these procedures include, but are not limited to: swelling; bleeding; bruising; infection; tingling or numbness of lip, gums, and/or face either temporary or permanent; loss or damage to other teeth or restorations; root or tooth into the sinus; retention of root tips; opening into the sinus; sinusitis; jaw joint problems; possible jaw fracture in certain situations; anesthesia reactions; and pain or discomfort. I understand that I am not to operate any vehicle or dangerous equipment or use alcohol until fully recovered from the IV anesthetic. I agree to the use of local or IV anesthetic or sedation depending on the judgement of the doctors involved. Use of antibiotics such as penicillin interferes with the resorption of birth control pills for about a month after prescribed. An alternative form of contraception should be used. Procedures, such as consultations, that do not involve surgery will be discussed on a case by case basis.

X _____
Signature of patient, parent, or guardian

X _____
Date

Witness

Drs. Flack/Stone

A B C D E F G H I J

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

T S R Q P O N M L K