

Frenectomy Consent Form:

CONSENT FOR FRENECTOMY SURGERY

Diagnosis: After a careful oral examination and study of the patient's dental condition, I have been advised that the patient has excessively strong connective tissue called frenum between his/her tongue and floor of the mouth. (lower frenum causing ankyloglossia aka tongue tied)

Recommended Treatment: In order to treat this condition, the doctor has recommended surgery in order to remove the excessively strong connective tissue frenum causing the patients tongue to be restricted in motion. I understand that sedation may be utilized and a local anesthetic will be administered as part of the treatment.

For the frenectomy, the excess tissue will be removed and the tissue between the tongue and floor of the mouth will be traumatized to allow for healing with a scar.

Expected Benefits: Healthier tissue, ability to speak normally and without impediments.

Principal Risks and Complications: I understand a small number of patients do not respond successfully to frenectomy surgery. Because each patient's condition is unique, long-term success may not occur. It is always possible to develop an infection with oral surgery procedures such as this frenectomy procedure. I understand that complications may result from any surgery including post- surgical infection, bleeding, swelling and pain. Alert your dentist if unusual swelling, fever or discomfort occurs. Finally, there is always the potential for allergic reactions to the drugs that are administered and prescribed for such oral surgery procedures.

Note: Dental anesthesia requires needles and injections that cause stress and pain, if you have an underlying heart, cardiovascular condition or other disease then the stress of dental anesthesia can cause many adverse reactions including but not limited to epinephrine reaction with palpitations and loss of consciousness, heart attack, stroke, aneurysm, death, etc. You must be willing to assume these risks if you undergo dental anesthesia. Please consult with your physician if you are unsure about this decision.

There is no method that will accurately predict or evaluate how a frenectomy will heal. I understand there may be a need for a second procedure if the initial results are not fully satisfactory. I understand that my diligence in providing the personal daily care recommended by the doctor and taking all prescribed medications are important to the ultimate success of the procedure.

Anesthetic Risks include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis), which may cause prolonged discomfort and/or disability, and may require special care.

Alternatives to this frenectomy procedure include:

- 1) No therapy: which will allow the frenum to remain and potentially ankyloglossia (tongue tied) with speech impediments.
- 2) Get a second opinion from another dentist or orthodontist if you are not convinced benefits outweigh risks.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of 'frenectomy therapy' and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize my dentist to render any treatment necessary and/or advisable to my dental condition(s), including any and all anesthetics and/or medications.

Financial Consent Portion:

This is just an estimate not a guarantee of payment by your insurance company. All payments are due at the time of service. In the event that your insurance pays less than the estimated portion the patient is responsible for the balance.

Signature of patient, legal guardian Or authorized representative will now be obtained digitally.

Legal Fees:

The dental company is entitled to claim legal fees and lost wages incurred for any situation where legal action against the dental company is initiated and ultimately unsuccessful.

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