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Pediatric Tooth Extraction

Patient Name: Date of Birth:

I hereby give permission to to perform the extraction of tooth/teeth numbers: to be done with local anesthesia.

Extraction of teeth is an irreversible process and weather routine or difficult is a surgical procedure. As in any surgery, there are some risks. They include but are not limited to the following:

* Swelling, bruising, and/or discomfort in the extraction area
* Stretching of the corners of the mouth resulting in cracking or bruising
* Possible infection requiring additional treatment
* Bleeding- significant bleeding is not common, but oozing can be expected for several hours
* Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another treatment to smooth or remove.

Signature of Parent/Guardian: Date:

Witness: Date:

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