

Agreement with extraction

Title before	First Name	Last Name	Title after
Birth number	Birth date	Gender —	Insurance —
Address	City	ZIP code	
Email	Tel. Prefix —	Phone	

What is tooth extraction:

Tooth extraction is the procedure of removing the tooth or its part from the alveolus.

What is the reason (indication) for this performance:

The most common reason for tooth extraction is destructive caries, tooth decay, transverse and longitudinal crown or tooth root fracture, tooth root cyst, failure of tooth canal treatment or uncut teeth.

What is the patient's pre-performance mode?

The patient undergoes oral pre-extraction examination of the medical condition prior to performance.

What are the possible complications and risks:

Possible complications of the procedures are: tooth crack or tooth break, possible dental beds break, damage to the adjacent tooth, permanent tooth injury during milk tooth extraction, nerve jaw damage, tooth swallowing or inhalation, extraction bleeding, extraction pain, alveolitis or the formation of oral cavity communication with the nasal cavity.

What is the patient's post-performance mode:

On the day of extraction performance, it is advisable not to rinse the oral cavity, to apply the ice cladding and to lie in the elevated position. Any further instructions may be prescribed by the physician individually and its recommendations should be followed.

I declare that I understand the reason for the extraction, the expected benefit, the manner of implementation, the consequences and possible risks and the complications of the planned performance. It have been adequately explained to me. I have been informed about possible alternatives, including their complications and the health consequences when not undergoing the planned tooth extraction. I had the opportunity to ask a doctor about everything I care about in terms of planned exercise, and I received an explanation that I understood. I was instructed by a doctor about the possibility of withdrawing my consent to the proposed procedure.

I confirm with my signature that I agree with the extraction.

I agree with the processing of personal data pursuant to Act No. 110/2019 Coll., Act on the Protection of Personal Data and on the Amendment to Some Acts, as amended for the purpose of keeping my medical records.

Datum podpisu

Bude doplněno v den podpisu

Podpis klienta