



CENTRO DE ODONTOLOGÍA -> my-dentist-mallorca .com

Dr. Victor J. Hernández Darías - Odontologo* Dentist

Col.N° 07001360 * NIF/NIE 78852805L

Avenida de Picasso 61 bjs drcha, E-07014 Palma de

info@my-dentist-mallorca.com * Tel. (+34) 971 57 36 87 * Móvil (+34) 648 66 81 08 * Fax (+34) 971 57 36 88

Personal data/Datos personales

Date/Fecha:

Name/Nombre y Apellidos:

Date of birth/Fecha de Nacimiento:

Parents/Padres:

Patient information sheet

Removal of soft tissue ligaments in the mouth (frenectomy)

Too short a frenulum in the mouth can cause problems for your child over time or immediately. A frenulum that is too pronounced can affect the position of the teeth and also the secondary dentition.

A frenulum that is too short, on the other hand, can have an impact quite early in life, interfering with breastfeeding in infancy and later with a child's first attempts at vocalisation.

If any of these problems are present, Dr. Victor J. Hernández Darías will perform a partial or complete removal of the soft tissue ligament on an outpatient basis under local anaesthesia. In the case of a complete removal, a suture is applied, especially in the floor of the mouth. This is removed in a follow-up appointment.

It is advisable to have consumed some solids and liquids before the procedure to prevent possible circulatory problems afterwards.

Consent to the dental procedure

I have been informed that the above-mentioned procedure is to be carried out on me. I have been adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison with other methods of examination, treatment, surgery and refraining from the intervention.

I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary intraoperatively. I have been made aware of possible physical, psychological and professional complications in the period following the procedure.

I was also made aware of the following possible complications:

- Swelling, secondary bleeding and pain
- Wound healing disorders/ infections
- Foreign body aspiration
- Numbness in the lower lip, tongue, nose, face
- Injury/loss of neighbouring teeth, jaw fracture
- Loss of other teeth
- Opening of the maxillary sinus
- De-scaling of the maxillary sinus
- Allergic reactions



CENTRO DE ODONTOLOGÍA -> my-dentist-mallorca .com

Dr. Victor J. Hernández Darías - Odontologo*Dentist

Col.N° 07001360 * NIF/NIE 78852805L

Avenida de Picasso 61 bjs drcha, E-07014 Palma de

info@my-dentist-mallorca.com * Tel. (+34) 971 57 36 87 * Móvil (+34) 648 66 81 08 * Fax (+34) 971 57 36 88

Any particular problems were discussed in detail, specifically:

I have been informed that photographic documentation of my operation may be taken and I consent to this. I affirm that I have named all ailments and complaints known to me in the medical history, as well as allergies.

I was informed of the necessary pre- and post-treatment measures.

I have read and understood the consent form for treatment.

The nature, extent, risks and chances of treatment success were explained to me in detail in an informative meeting. I will follow the guidelines.

I have considered my decision thoroughly and do not need any more time to think about it. I fully consent to the treatment.

Palma de Mallorca,

Signature/Company