



VHD Dental

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

Dr. Victor J. Hernández Darías - Odontologo\*Dentist

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**Personal data/Datos personales**

**Date/Fecha:**

Name/Nombre y Apellidos:

Date of birth/Fecha de Nacimiento:

**Surgical procedure**  
under local anaesthesia/local  
anaesthetic

You will need a minor surgical procedure. The area of the intervention has been discussed with you in detail. Treatment under light or full sedation is also possible, in which case you will receive additional information.

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

If a tissue sample is required for further diagnosis, we will remove it in the same session and send it to a competent laboratory.

**Consent to the dental procedure**

I have been informed that the above-mentioned measure is to be carried out on me. I was 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 to 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 lips, tongue, nose, face
- Injury to dental nerves
- Injury/loss of teeth, jaw fracture
- Opening of the maxillary sinus
- De-scaling of the maxillary sinus
- Allergic reactions



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Any particular problems I had 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 my medical history, as well as allergies.

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

I have read and understood the treatment consent form.

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