



VHD Dental

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 Mallorca

info@my-dentist-mallorca.com * Tel. (+34) 971 57 36 87 * Mobile (+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:

Patient information sheet

Tooth extraction

Attempts to preserve your tooth have failed, it is too badly destroyed or elongated or the gums are too badly inflamed. The tooth is usually extracted under local anaesthetic. 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. It is normal to feel strong sensations of pushing and pulling, as well as unpleasant sounds. The tooth is held in place by stretchy periodontal ligaments in the tooth socket; if these tear during extraction, it sometimes makes a very loud cracking sound.

It is not uncommon to mill the bone if the tooth breaks during the procedure. The bone around the root of the tooth is expanded to remove the remaining piece of root.

We will inform you about further measures at any time.

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 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



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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 consent form for treatment.

The nature, extent, risks and chances of success of the treatment 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,