

**Paul L. Caputo, DDS**

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**CONSENT FOR ORAL SURGERY AND ANESTHESIA**

The undersigned herewith permits and consents to the performance of the treatment and / or procedures known as: \_\_\_\_\_

by Dr. Paul L. Caputo, DDS and the administration of local and / or general anesthesia. The undersigned has been advised and understands that the following conditions, side effects, and complications have been know to be associated with or follow this type of surgery and anesthesia: death or brain damage, hemorrhage, pain, infection, swelling, persistent numbness or tingling of the lip, chin and / or tongue, jaw fracture, loosening or injury to adjacent teeth and dental restorations, phlebitis, displacement of teeth or foreign bodies into nearby tissues, spaces and cavities, root fractures, bone splinters, sinus openings and /or infections, drug reactions and other unexpected conditions, side effects and complications. The undersigned understands that the above mentioned conditions, side effects and complications occur in frequencies that range from occasional, as in the case of infection, to extremely rare, as in the case of fractures and most others.

The undersigned understands and agrees that should any of the above conditions, side effects or complications arise, there may be additional treatment necessary and / or interference with employment obligations. Additional medical treatment has been fully explained to me along with the risks involved with such treatment or lack of treatment.

The undersigned understands and appreciates that the intention of Dr. Paul L. Caputo, DDS is to relieve me of pain and suffering, or to correct a disease or eliminate a potential disease or pathological state, or aid in the restoration or function, and that the benefits of the intended treatment far outweigh the potential complications as outlined above. It is in this spirit that I have signed this consent for treatment. I agree to save harmless Dr. Paul L. Caputo, DDS for any treatment that, regardless of his efforts to insure satisfaction may produce a less that perfect result.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness \_\_\_\_\_ Relationship to Patient \_\_\_\_\_