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CONSENT FOR CORONECTOMY

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Patient's Name _____

Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be given information about your planned surgery so that you can decide if you want to have the surgery. You will be asked to sign this form saying you understand what will be done, the risks that can happen and the other kinds of treatment that you could have.

Your diagnosis is: _____

Your Planned Treatment is: _____

Alternative treatment: methods include: _____

A coronectomy or partial odontectomy is a procedure used to remove a tooth that has not yet broken through the surface of the gum, but has an increased chance of injuring the nerve that provides feeling to the lower lip and chin. The procedure is done by moving the gum away from the tooth and then cutting the crown (top) of the tooth off the root of the tooth. It is done in such a way so that the surrounding bone will "fill in" the space that was occupied by the crown of the tooth. The roots of the tooth are left in place so that the risk of injuring the nerve that give feeling to the lower lip and chin are reduced.

Like all procedures there are risks in performing the procedure which include the following:

1. There is still risk of injury to the nerve that supplies feeling to the teeth, gums, lower lip and chin and tongue where the procedure is done. In most cases the altered sensation is temporary but in rare cases can be permanent.
2. Risk of infection requiring additional treatment.
3. Risk of development of a cyst or other growth around the tooth root that might need more treatment.
4. Movement of the root is possible over a period of years. In most cases, if the root moves, it usually moves away from the nerve.

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5. You should get x-rays over a period of several years to look at the area and determine how the bone is filling in the area.
6. In some cases, if the root fragment becomes loose during the surgery, we might have to take out the entire tooth. Most of the time we can tell from x-rays taken before the procedure, so we need to make that decision during the course of the procedure.
7. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date