

Written informed consent

Tooth Exposure Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for exposure of the impacted tooth in relation to the tooth numbered -----and I have been explained about the procedure in detail including injection of the local anesthesia, raising of the gum tissue flap, bone drilling when required, fixing of the dental clip/braces to the teeth for application of the force later to bring the tooth into the alignment with other teeth.

Post-operative sequels like pain and swelling for few days have been explained. I have been informed about the possibility of loosening of the braces/clip and in such a case i have been advised to undergo the same procedure soon to get it fixed to the tooth.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date: _____ signature of the patient: _____

Time: _____ signature of the patient attendant: _____

Signature of the Doctor with seal: _____