

Written Informed Consent
Transplantation Tooth Surgery

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the minor oral surgery involving removal of the grossly decayed tooth, numbered -----and transplantation of the nearby impacted tooth numbered -----as a replacement. I have been explained the procedure in detail including injection of local anaesthesia, surgical incision, drilling of jaw bone to fit the transplanted tooth and placement of sutures.

Post-operative sequel like pain and swelling for few days and development of infection of the transplanted tooth resulting in failure of the transplantation tooth surgery and in such cases need for removal of the transplanted tooth are explained.

Alternative treatment like removal of grossly decayed tooth and replacement with fixed partial denture or removal partial denture or dental implant and crown are discussed.

I hereby agree to undergo the above said minor surgery 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: