



**Informed voluntary consent to the removal of healthy teeth**

**(seeking help of a surgeon without referral)**

I give my consent to the removal of teeth, I realize that this may possibly lead to the occurrence of the following (and possibly more) complications:

<ul style="list-style-type: none"><li>-hemorrhage from a dental alveolus</li><li>- alveoloalgia (alveolar periostitis)</li><li>- limited alveolar socket osteomyelitis</li><li>- neuropathy of the inferior dental nerve</li><li>- fracture of the crown and dental root of the extracted tooth</li><li>-dental root is pushed into soft tissues</li></ul>	<ul style="list-style-type: none"><li>- damage to the gums and soft tissues of the mouth cavity</li><li>-fracture of the dental arch</li><li>- perforation of the maxillary antrum</li><li>- mandibular dislocation</li><li>- disturbances in the activity of masticatory muscles, pain</li><li>- eating problems</li></ul>
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I ask you to carry out removal of healthy teeth according to my voluntary consent.

I had the opportunity to ask all the questions of my interest and received comprehensive answers. I carefully read this document and I understand that it is a legal document that results in legal consequences for me.