CDIC Smiles
Cosmetic Dental & Implant Center, Pune
Dr. Swapnil B. Patil, BDS. Registration no. A-15358

Call or WhatsApp
+91 97660 04270 +91 99705 04270
cdic.pune@gmail.com
cdicsmiles.com

Wakad, our main clinic
Prime City Center, A-6 & B-3, Datta Mandir Road, Shankar Kalat Nagar, Wakad, Pune 411057
Mon to Sat: 9:30 am to 9 pm. Sun: closed

Hinjewadi
Office 102, Adora Commercial Wing, Bhumkar Chowk to Laxmi Chowk Road, Hinjawadi, Pune 411057
Mon to Sat: 10 am to 9 pm. Sun: call to check

Consent for tooth removal

Please read this form, ask us anything you are unsure about, and sign it at the clinic before your treatment.

Consent form Issued October 2026 Also at cdicsmiles.com/informed-consent-rct-extraction/

Draft: wording to be approved by the clinic

Patient's name _____ **Date** _____

Teeth to be removed (tooth numbers) _____

Before you give your permission for the removal of teeth, including impacted teeth (teeth buried in the bone or under the gum), for other dental treatment at CDIC Smiles, or for certain anaesthetics given by the doctor, you should understand that there are some associated risks.

Risks

Common risks include, but are not limited to:

1. Reactions to, and side effects of, drugs or medicines.
2. Damage to neighbouring teeth or fillings.
3. Infection after the procedure.
4. Bleeding after the procedure that does not stop, which may need further treatment.
5. A small fragment of root being left in the jaw, whose removal could need more extensive surgery.
6. Delayed healing (a dry socket), needing more frequent care after the procedure.
7. With upper back teeth, involvement of the sinus, which may need more treatment or surgical repair, at the same time or later.
8. In some cases, involvement of the nerve, causing temporary or possibly permanent tingling, numbness or pain of the lower lip, chin or tongue on that side.
9. Bruising or inflammation of the vein where medicines are given into a vein, which may need further treatment.
10. In rare circumstances, a fracture of the jaw.
11. From the injection or anaesthetic: swelling, tenderness of the jaw muscles, or numbness of the tongue, lips, teeth, jaws or face. This is usually temporary; in rare cases the numbness may be permanent.

12. Anaesthetic. I was given the choice of anaesthetic techniques, and I consent to:

- ☐ Local anaesthetic injection (with adrenaline)
- ☐ Tablets before the treatment (oral premedication)
- ☐ Other: _____

Consent

I have read all of the above, discussed any questions or concerns I have about the proposed surgery or dental treatment, and received satisfactory answers. I understand that the practice of dentistry is not an exact science, that no guarantee can be given, and that none has been given to me.

Patient's signature _____

Relative, parent or guardian _____

Doctor's signature _____

Date _____

For the clinic's records

Medical history

- ☐ High blood pressure
- ☐ Diabetes
- ☐ Overactive thyroid
- ☐ Asthma
- ☐ Other: _____

Reason for extraction

- ☐ Badly decayed tooth
- ☐ Root pieces
- ☐ Loose tooth
- ☐ Planned removal of all teeth
- ☐ Patient does not want other treatment
- ☐ Other: _____

Suggested replacement

- ☐ Implants
- ☐ Fixed bridge
- ☐ Removable partial denture
- ☐ Complete denture
- ☐ None