



東北醫療中心

Dental Department

SF: 1520 Stockton Street | 728 Pacific Avenue | 2574 San Bruno Avenue

San Jose: 1870 Lundy Avenue

(415) 391-9686 | (408) 573-9686

NEMS ID:

NAME:

DOB:

## DENTAL EXTRACTION CONSENT FORM

### 牙科手術授權書

I hereby authorize my dentist \_\_\_\_\_ to administer anesthetics as deemed necessary and to perform the following surgery:  
本人授權給上列的牙醫為我做下列手術並給本人注射所需要的麻醉藥:

I realize that complications resulting from surgery do occasionally arise. Some such operative and post-operative complications are, but are not limited to:

本人明白手術偶然會引起併發症。手術及手術後的併發症包括(但不限於) 下列症狀:

- Pain; bleeding; bruising of tissue (discoloration); swelling; infections; dry socket; permanent numbness or partial numbness; tingling or burning of lips, chin, tongue and tissue; changes in speech; and taste loss.  
疼痛; 流血; 口腔組織瘀傷(變色); 腫脹; 感染; 幹槽症; 長期或短期的局部神經失覺; 下顎、唇、舌頭有刺痛或灼痛的感覺; 說話感覺和以往不同; 失去味覺等。
- Maxillary sinus infection, opening into maxillary sinus requiring repair, inflammation.  
上顎竇感染、上顎竇穿漏需要修復、發炎。
- Fracture of jaw, fracture of adjacent teeth and fillings, and removal of adjacent crown.  
All may require further treatment.  
牙床骨斷裂、相鄰的牙齒或補牙填充物破裂、還有牙冠拆除。這些都可能需要跟進治療。
- Pain in temporomandibular joint (TMJ) and/or change in bite.  
顳顎關節疼痛及/或牙齒咬合和以往不同。
- Small root tips may be left, should their removal cause greater injury. For example, root tips near nerves that, if removed, may increase chances of numbness or alter feeling of lip, chin and tongue.  
太近神經線的細斷牙腳可能要留下, 若清除會導致更大機會令下顎、唇、舌麻木失覺。
- Side effects resulting from the use of certain medications, including but not limited to bisphosphonates such as Fosamax; anticoagulants such as Coumadin; blood thinners; etc.  
使用某些藥物所造成副作用, 包括但不限於雙膦酸鹽類藥物, 如福善美 (Fosamax); 抗凝血藥, 如華法林 (Coumadin); 血液稀釋劑; 等。



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I will follow the instructions of my dentist to take medications as needed. Since some medications may cause drowsiness and lack of awareness or coordination, I must not operate a vehicle or machinery for 24 hours following surgery.

本人會依照醫生指示服藥，由於某些藥物會導致困倦，神智不清，或行動不協調，本人在手術後廿四小時內不能駕車或操縱機器。

I understand that my doctor will explain any of these complications should I wish further information and there is no guarantee or warranty as to any result or cure. I further acknowledge the receipt of and understand the post-operative instructions.

本人明白如果本人想了解更多信息，醫生會就任何相關併發症向本人做詳細解釋。本人也明白無法擔保手術結果或保證治愈。本人進一步確認收到並了解手術後的指示。

\_\_\_\_\_  
Patient's Name 病人姓名

\_\_\_\_\_  
NEMS Number 會員號碼

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Parent/Guardian's Name 家長/監護人姓名

\_\_\_\_\_  
Patient/Guardian's Signature 病人/監護人簽名

\_\_\_\_\_  
Relationship to Patient 與病人的關係

\_\_\_\_\_  
Witness' Signature 見證人簽名