

Extraction

I authorize Dr. Bragg DMD or Dr. Moody DMD to remove the following tooth/teeth_____. I understand pain or discomfort may occur at the extraction site. If continued discomfort occurs or becomes worse, I will contact the office immediately for further instruction (770-889-8420).

Home Care Instructions

- Limit activity for at least 24 hours
- Bleeding should be light when patient leaves the office. Extra gauze will be supplied by our office to change as necessary until bleeding stops. (The patient may need to bite on wet tea bag).
- Avoid drinking through a straw for one week.
- A soft diet such as yogurt, soup, ice cream, mashed potatoes, and/or eggs is recommended for 24-48 hours.
- Brush and floss the other areas of your mouth normally; gently brush the around the extraction site. (The extraction site will be tender but it is important to keep the site clean).
- Children's Motrin is recommended for any discomfort- take as needed.

Signature of patient, parent, or guardian

Date

Print patient name

Witness

Doctor's Signature _____