



702-518-3368 – Text Dr. Tara with any questions

Informed Consent – Frenectomy

Diagnosis: After a thorough oral examination, my child’s dentist has advised me that the reduction of a frenum(s) in my child’s mouth may help to restore anatomy, function, and possibly prevent commonly associated future problems.

Treatment: In order to treat this condition, my child’s dentist has recommended that a frenectomy be performed at the selected site(s). A CO2 soft tissue laser will be utilized. This laser is FDA approved for this surgery and is an excellent tool to optimize treatment and recovery. Parents are not allowed in the surgery room during the procedure. Photos and/or videos may be taken; these photos/videos may be used in a professional, educational setting but never with identifying information.

Procedure(s) planned: Laser upper labial frenectomy
 Laser left and right upper buccal frenectomy
 Laser lingual frenectomy

Principle Complications: I understand that a smooth recovery is expected, however, there are always associated risks that cannot be eliminated and may occur in a minority of cases. These complications include but are not limited to bleeding, swelling, pain, damage to adjacent structures such as salivary glands, nerve, muscle, and skin. A more common complication is re-attachment of the frenum. Genetics also plays a strong role in healing, such as formation of scar, keloid, or overt fibrous tissue formation.

Follow Up: I am advised to return to Smart Mouth for post-op wound checks at 2-days, 1-week, and 4-weeks. I will follow up with other recommended providers such as lactation consultants, feeding therapists, and bodyworkers if additional help is needed for feeding.

Alternatives to Suggested Treatment: I understand that alternatives to a frenectomy include: no frenectomy, with the expectation that the frenum does not improve with age but may aggravate the surrounding tissues including the gums and teeth. Also, an alternative to a frenectomy by my dentist is to seek the care of another healthcare professional. The use of the laser itself can be deferred to more traditional instruments of care.

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. There is always a possibility that due to healing or future changes in the patient’s tongue function that another frenectomy may be required. I do expect that the doctor perform the surgery to the best of her ability.

Following through with recommended therapies is an equally important part of addressing tongue dysfunction issues. Therapy may be needed for tongue issues at any age, even after frenectomy.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND ALL MY QUESTIONS WERE ANSWERED

Patient Name

Date

Parent Signature

Print Parent Name