

## Written informed consent

### Cyst Surgery Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the nature of the disease/ condition of the jaw bone( cystic lesion of the jaw) and the need for surgery for the same.

I have been explained about the procedure in detail including injection of the local anaesthesia, incision in the tissue, cleaning of the bone cavity fully (ENUCLEATION) if small, filling with bone graft when required and closure with sutures at the end of the procedure or partial opening and suturing the cavity tissue with neighbouring normal tissue (MARSUPIILISATION) for few weeks to months for natural bone fillup.

Post-operative sequels like pain and swelling for few days have been explained. If not treated, chances of the lesion growing bigger and weakening of the jaw and pathologic fracture of the jaw bone are explained in detail.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: