## **Extraction for Minors**

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I authorize Dr. Bragg DMD or Dr. McTier DMD to remove tooth/teeth I understand pain or discomfort masite. If continued discomfort occurs or becomes worse, I immediately for further instruction (770-889-8420).	ay occur at the extraction
Home Care Instructions	
<ul> <li>Limit activity for at least 24 hours</li> <li>Bleeding should be light when patient leaves the of Extra gauze will be supplied by our office to change bleeding stops (the patient may need to bite on a vector of the patient may need to be patient may ne</li></ul>	e as needed until wet tea bag) eggs and/or ice cream is hally; e tender but it is
Signature of patient, parent or guardian	Date
Print patient name	Witness

Date

Doctor's Signature