

### CONSENT FOR SINUS ELEVATION SURGERY

My doctor has informed me that my upper jaw has insufficient bone for dental implants and will require a Sinus Lift to provide adequate bone to place stable implants.

The surgical procedure involves exposing an area of bone in the upper jaw. Sedation may be used and the surgical sites will be anesthetized with a local anesthetic. A small opening will be exposed in the bone to access the sinus. The membrane lining of the sinus floor will be lifted with a smooth instrument and bone regenerative material will be inserted between the membrane and the bone. The opening in the bone will be covered with a resorbable membrane and then sutured closed. Detailed post-operative instructions will be given both written and verbally.

Dental implants may or may not be placed at the time of the Sinus Lift Surgery. Whether implants will be placed at the same time can-not be determined with certainty before the procedure, and I understand that implant placement may be delayed for as long as my doctor deems advisable.

There may be a need for a second procedure if the initial results are not satisfactory. The success of sinus elevation procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate hygiene, and medication that I may be taking. For the surgery to be successful, you will be unable to blow your nose for 2 weeks. To my knowledge, I have reported to my doctor any prior drug reactions, allergies, diseases, symptoms, habits, or conditions which I have now or have had at any time in the past.

I have been informed and understand that occasionally there are complications of surgery, drugs and anesthesia, including, but not limited to sinus membrane perforation, pain, swelling, bleeding, bruising, infection, numbness and loss of sensation, which may be transient, but may be permanent.

My doctor has explained and described the operation to my satisfaction. It is understood that although good results are expected, no guarantee that they will last for any specific period of time can be or has been given. If the new bone does not heal adequately for implant placement, alternative surgery or prosthetic measures will be considered.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of patient or guardian)

\_\_\_\_\_  
(Signature of patient or guardian)

\_\_\_\_\_  
(Signature of Witness)