

CONSENT FOR BONE GRAFTING

The Doctors have informed me that my jaw has insufficient bone for dental implants and will require a bone graft augmentation to place stable implants. I understand that a second procedure will be needed to place the implant(s).

The surgical procedure involves transplanting a piece of bone from another area of my mouth or from a donor to the deficient site. The graft may be adhered with screws, covered with a membrane and sutured closed. The membrane may be resorbable or may need to be removed at a later date.

There may be a need for a second procedure if the initial results are not satisfactory. The success of bone grafting 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. 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 pain, swelling, bleeding, bruising, infection, numbness and loss of sensation, which may be transient, but may be permanent.

I understand I will need to come for appointments following my surgery so that my healing may be monitored and so that my Doctor can evaluate and report on the outcome of surgery upon completion of healing. I agree to cooperate with my Doctor while I am under her care, realizing that any lack of cooperation may result in a less than optimal result.

I have been fully informed of the nature of bone grafting and have had an opportunity to ask any questions in connection with this treatment from my Doctor.

I hereby consent to the performance of periodontal surgery as presented to me during consultation and as described in the treatment plan.

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

(Date)

(Printed name of patient or guardian)

(Signature of witness)

(Signature of patient or guardian)