



OC DENTAL SPECIALTY GROUP

CONSENT FOR BONE GRAFTING

I understand that Dr. _____ will use banked bone (bone donated by another person) or bone substitute (synthetic) instead of harvesting one from another surgical area.

I understand that Dr. _____ may use banked bone (bone donated by another person) or bone substitute (synthetic) In addition to harvesting bone from another region of the mouth.

Additionally, I understand that wires, surgical screws, surgical tacks, or sutures are commonly used to immobilize and fix a bone graft or membrane in place and that some forms of these may need to be removed after healing.

General Risks: Include, but are not limited to allergic reactions, discomfort and pain, swelling, infection, bruising, injury to the jaw and soreness of associated chewing muscles, fracture of a tooth/ teeth during surgery jaw fracture, later sensitivity to certain foods or temperature changes, or shrinkage of gum and bone after surgery. Numbness and altered sensation (possibly permanent) may occur at the donor site and in more remote areas, possibly requiring further treatment. There may be loss of bone particles from donor or recipient sites. If a large portion of bone graft is lost, you may require more additional procedures. Any of the above may require additional medications or other care, possibly for prolonged time. Individuals who choose to smoke are at greater risk of bone graft loss than non- smokers.

Risks and complications of grafting: Include but are not limited to: damage to adjacent teeth that may require future root canal procedures or may cause loss of those teeth, removal of teeth in order to obtain sufficient bone material, numbness or pain in the area of the donor or recipient site, or more extensive areas, which could result in infection or other complication requiring additional medical or surgical treatment.

Alternatives to the procedure:

1. No treatment. Understanding that my condition may progress to adversely affect my dental health including, but not limited to continued bone loss, tooth loss, increasing difficulty chewing and jaw function including the risk or jaw fracture.
2. No use of grafted, banked bone, or bone substitute. Understanding that this is associated with the significant reduction of successful result, and likely advanced bone loss in the future.

No warranty or guarantee: I hereby acknowledge that no guarantee, warranty, assurance has been given to me that the proposed surgery will be completely successful in eradicating pockets, infection or further bone loss or gum recession. It is anticipated that the surgery will provide benefit in reducing the cause of this condition and produce healing which will enhance the possibility of longer retention of my teeth. Due to individual patient difference, however cannot predict the absolute certainty of success.

Consent to unforeseen condition: During surgery, unforeseen conditions could be discovered which would call for a modification or change from the anticipated surgical plan. These may include but are not limited to performance of another plastic surgical procedure to attain a similar result, or termination of the procedure prior to completion of all the surgery originally scheduled. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgement of the treating doctor.

Compliance with self-care instructions: I understand smoking and/ or alcohol intake may affect gum and bone healing, and may limit the successful outcome of my surgery. I also understand that aerobics exercise can cause the loss of a clot with bleeding and possibly reduce success to the outcome of this surgical procedure. I agree to follow instruction related to the daily care of my mouth and to the use of prescribed medication. I agree to report for appointment as needed following my surgery so that healing may be monitored and Dr. can evaluate and report on the success of surgery. I also understand the importance of the need to remove material-membranes, screws, tacks, or sutures after healing of the graft and agree to make myself available and report to those procedures as directed.

Supplemental records and their use: I consent to photography, video recording, and x-rays of my oral structures as related to these procedures, and for their educational use in lecture or publications, provided my identity is not revealed.

Patient's endorsement: My endorsement (signature) to this form indicated that I have read and fully understand the terms used within this document and the explanations referred to or implied. After through consideration, I give my consent for the performance of any and all procedures related to bone graft as presented to me during the consultation and treatment plan presentation by the Doctor or as described in this document.

Patient Signature

Date