



Consent for Bone Grafting Procedure

You have the right to be given pertinent information about your proposed bone grafting so that you have sufficient information to make the decision about whether to proceed with surgery. What you are being asked to sign is a confirmation that we have discussed the nature of the proposed treatment, the known risks associated with it, and alternative treatment options.

Please initial each paragraph after reading. If you have any questions, please ask your doctor before initialing.

Patient Name: _____ Date: _____

INITIAL HERE

1. I have been informed by Dr. _____ of my current condition and recommendation for treatment that includes bone grafting. _____
2. The procedure necessary to treat the condition has been explained to me as a bone graft. This involves using donated bone that has undergone a sterilization process. Every batch of allograft material undergoes strict, quality-controlled processing and sterilization. The allograft material is necessary to fill bone defects, provide structural support, and build up deficient areas of the jaw where bone loss has occurred before placing dental implants. _____
3. Other types of grafting materials are available. However, my doctor has recommended an allograft. _____
4. I have been informed that having no treatment at all is a choice, and the risk of this choice has been presented to me. _____
5. My doctor has explained to me that there are certain risks and side effects associated with my proposed treatment, and in this specific instance, they include but are not limited to:
 - A. Post-operative discomfort and swelling requiring several days of at-home recovery. _____
 - B. Prolonged or heavy bleeding that may require additional treatment. _____
 - C. Injury or damage to the blood supply of teeth adjacent to the graft donor site, which may require root canal treatment of the affected tooth, or even result in eventual tooth loss. _____
 - D. Post-operative infections that may adversely affect the new bone graft and require additional treatment. _____
 - E. Scarring at the incision sites inside the mouth, which also may have cosmetic effects on the skin. _____
 - F. Osteomyelitis, a chronic bone infection at the recipient graft site, which may require long-term antibiotic therapy or other treatment. _____
 - G. Unexpected exposure of the screws or wires used to affix the bone graft material, requiring their loss or premature removal and possible loss of the bone graft. _____
 - H. Fracture of the jaw. _____
 - I. Injury to sensory nerves in recipient sites, resulting in numbness, tingling, pain, or other sensory disturbances in the chin, lip, cheek, face, teeth, gums, or tongue, and which may persist for several weeks or months, or rarely may be permanent. _____
 - J. Failure of the graft to integrate with natural bone, loss of vitality, or other unexpected loss of the bone graft. _____
 - K. Biologic/synthetic membranes are often used to contain and protect the graft. Some may require a second procedure to remove them, or some may be unexpectedly lost, in which case the graft may be adversely affected. _____
 - L. Allergic reactions (previously unknown) to any medications used in treatment. _____
6. This grafting procedure is planned in two stages: one to place the graft, and then a second to remove various fixation devices (screws, wires, and membranes). If planned, dental implants may be placed at the second stage, or weeks or months of further healing may be required before the bone graft is sufficiently mature to support implants. _____



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- 7. I understand that I must commit to the timely placement of the planned dental implant. If too much time passes after the bone graft, the grafting material may resorb (melt away) and result in a bone defect that would not permit the placement of the dental implant in the future. _____
- 8. I consent to the photographing or videotaping of the procedure for medical, scientific, or educational purposes, provided the pictures or descriptive text accompanying them does not reveal my identity. _____
- 9. The anesthetic I have chosen for my surgery is _____
 - Local anesthesia Local anesthesia with intravenous sedation
- 10. Anesthetic risks include discomfort, swelling, bruising, infection, prolonged numbness, and allergic reactions. There may be inflammation (phlebitis at the site) of an intravenous injection that may cause prolonged discomfort and/or disability that may require special care. Nausea and vomiting, although uncommon, may be an unfortunate side effect of IV anesthesia. Intravenous anesthesia is a serious medical procedure, and although considered safe, it does carry the rare risks of heart irregularities, heart attack, stroke, brain damage, or even death. _____

YOUR OBLIGATIONS OF IV ANESTHESIA IS USED

- 1. Because anesthetic medications cause prolonged drowsiness, you must be accompanied by a responsible adult who remains in the office during your procedure, drives you home, and stays with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours. _____
- 2. During the recovery time, you should not drive, operate complicated machinery or devices, or make important business decisions. _____
- 3. You must have an empty stomach. It is vital that you have nothing to eat or drink for eight hours before your anesthetic. To do otherwise may be life-threatening. _____
- 4. However, it is important to take any regular medications (high blood pressure, antibiotics, etc.) using only a small sip of water. _____

CONSENT

I acknowledge that the above has been explained to my satisfaction, my questions have been answered, and I understand the risks of bone grafting. I am fully aware that a perfect result cannot be guaranteed or warranted. My signature below indicates my understanding of my proposed treatment, and I hereby give my willing consent to the surgery. I certify that I speak, read, and write English.

Patient's (or Legal Guardian's) Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____