

CONSENT FOR BONE GRAFTING PROCEDURE

NAME _____ Date _____

I have been informed by Dr. _____ of my current condition and recommendation for treatment which includes _____

I also understand that a separate procedure to obtain bone for grafting is intended to remove portions of bone from my _____ and place it in the area to be treated.

In addition to the risks of the primary surgical procedure, which have been explained to me separately, I understand that bone grafting itself involves specific risks. My doctor has explained to me that such risks include, but are not limited to the following:

GENERAL RISKS

- _____ 1. Bleeding, swelling, infection, scarring, pain and numbness or altered sensation (possibly permanent) at the donor site, which may require further treatment.
- _____ 2. Allergic or other adverse reaction to the drugs used during or after the procedure.
- _____ 3. The need for additional or more extensive procedures in order to obtain sufficient bone.
- _____ 4. Rejection of bone particles from donor or recipient sites for some time after surgery.
- _____ 5. Rejection of the bone graft.

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

- _____ 1. Damage to adjacent teeth which may require future root canal procedures, or may cause loss of those teeth.
- _____ 2. Removal of adult teeth in order to obtain sufficient bone material.
- _____ 3. Numbness or pain in the area of the donor or recipient site, or more extensive areas, which may be temporary or permanent.
- _____ 4. Penetration of the sinus or nasal cavity in the upper jaw which could result in infection or other complication requiring additional drug or surgical treatment.

BANKED BONE, (Freezer-dried, lyophilized, demineralized, xenograft) OR BONE
SUBSTITUTES

On occasion, additional donated, processed bone or artificial bone substitutes are used to supplement the patient's bone, or to spare an extensive graft harvesting procedure. If used, such materials may have separate risks including, but not limited to:

- _____ 1. Rejection of the donated or artificial material.
- _____ 2. The remote chance of viral or bacterial disease transmission from processed bone.

I understand that in my grafting procedure, the use of _____ bone is
Expected to be taken from _____ plus _____.
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 usually aware that a perfect result
cannot be guaranteed or warranted.

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

Doctor's Signature _____ Date _____

Witness' Signature _____ Date _____