

**CONSENT FOR BONE GRAFTING /
ALVEOLAR RIDGE PRESERVATION / RECONSTRUCTION**

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Patient's Name

Date

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits. I understand that other forms of treatment or no treatment at all are choices.

Your condition is: _____

The procedure proposed to treat the condition has been explained to me as *alveolar ridge preservation / reconstruction*. This procedure is to conserve or create acceptable bony anatomy, usually for placing dental implants. My proposed treatment will be:

Ridge Preservation Bone Graft: _____

Ridge Reconstruction Bone Graft : _____

Utilizing: _____

Alternate methods of treatment (if any) include: _____

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

_____ 1. I understand that bone grafting procedures involve risks and potential complications which include, but are not limited to, the following:

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

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**BANKED BONE (allogeneic, mineralized or demineralized, xenograft) OR BONE
SUBSTITUTES**

- _____ 2. Frequently, donated, processed, 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:
- A. Rejection of the donated or artificial graft material.
 - B. The remote chance of viral or bacterial disease transmission from processed bone.
- _____ 3. I understand I will be receiving local anesthetic (Lidocaine, Novacain, etc). An injection is given in the area to be worked on. Although very rare, this can result in bleeding, swelling, numbness, or an allergic reaction.

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form, and I understand the risks of bone grafting. .

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date