

PATIENT CONSENT – BONE GRAFTING

I. Recommended Treatment

I hereby give consent to the present Doctor to perform Bone Grafting procedure(s) on me or my dependent. ("Recommended Treatment") and any such additional procedure(s) as may be considered necessary for my well- being based on findings made during the course of the Recommended Treatment. The nature and purpose of the Recommended Treatment have been explained to me and no guarantee has been made or implied as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment. I also consent to the administration of local anesthesia during the performance of the Recommended Treatment.

II. Treatment Alternatives

Alternative methods of treatment have been explained to me, but I wish to proceed with the Recommended Treatment described above.

III. Risks and Complications

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of the Recommended Treatment. These potential risks and complications, include, but are not limited to, the following:

1. Drug reactions and side effects.
2. Post-operative pain, bleeding, oozing, infection and/or bone infection.
3. Bruising and/or swelling, delayed healing, restricted mouth opening for several days or weeks.
4. Damage to adjacent teeth or tooth restorations.
5. Possible involvement of the sinus cavity and creation of an opening from the mouth into the nasal or sinus cavity, which may require additional treatment or surgical repair at a later date.
6. Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss sensation, numbness, pain, or altered

feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time, but in some cases, may be permanent.

7. Discoloration and appearance changes of the gum tissue or unsatisfactory cosmetic result.
8. Failure, loss, infection, or rejection of the graft or membranes used to contain the graft.
9. If I have elected a banked bone or bone substitute graft, there is a rare chance of disease spread from the processed bone.
10. Jaw fracture.
11. As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.