

Consent for Monocortical Block Graft

Diagnosis. After a careful oral examination and study of your dental condition, your periodontist has advised that you have insufficient bone width for placement of an implant to replace your missing tooth or teeth.

Recommended Treatment. In order to treat this condition, your periodontist has recommended a bone graft of bone in order to widen the bone in the area of the missing tooth or teeth. Bone from your chin or treated (sterile) human bone from a tissue bank may be used.

If your bone is used, the gum will be opened to provide access to the bone on your chin and to the bone in the area of the missing tooth or teeth. A piece of bone will be removed and fixed to the area or the missing tooth or teeth with a surgical steel screw. Blood may also be drawn to allow for preparation of *platelet-rich plasma* to speed the healing process.

I understand that unforeseen conditions may call for modification or change from the anticipated surgical plan. This may include termination of the procedure prior to completion of the surgery as originally outlined.

Expected Benefits. The purpose of this surgery is to provide enough bone so that an implant or implants can be placed to replace the missing tooth or teeth.

Principal Risks and Complications. I understand that some patients do not respond successfully to bone grafting and, in such cases, there may still not be enough bone to enable placement of an implant or implants as originally outlined.

I understand that complications may result from the bone grafting surgery, drugs or anesthetics. These complications include, but are not limited to post-surgical infection, bleeding, swelling and pain, facial discoloration, transient (but on rare occasions permanent) numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions and accidental swallowing of foreign matter.

There is no method that will accurately predict how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial surgery is not satisfactory. In addition, the success of bone grafting can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, inadequate oral hygiene and medications that you may take. To my knowledge I have reported to my periodontist any prior drug reactions, allergies, diseases, symptoms or habits which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my periodontist and taking all prescribed medications are important to the ultimate success of the procedure.

Alternatives to Suggested Treatment. Alternatives include (1) no treatment, in which case implant(s) cannot be placed, (2) use bone from animal sources; however this source of bone does not seem to work as well as bone taken from the individual patient requiring the graft.

Necessary Follow-up and Self-Care. I understand that it is important for me to continue to see my regular dentist. I recognize that natural teeth and replacement teeth should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that my periodontist can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of the grafting procedure. I know that it is important to abide by the specific prescriptions and instructions given by my periodontist.

No Warranty or Guarantee. I hereby acknowledge that no guarantee, warranty or assurance has been given to me

that the proposed treatment will be successful. In most cases, the treatment should provide benefit in creating enough bone width for placement of implants. Due to individual patient differences, however, a periodontist cannot predict the absolute certainty of success. There exists the risk of failure, additional treatment or worsening of my present condition, despite the best of care.

Consent: I have been fully informed of the nature of the bone grafting procedure to be utilized, the risks, benefits and alternative treatments available and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of the bone graft as presented to me during consultation and in the treatment plan presentation as described in this document.

I certify that I have read and fully understand this document.

Patient Signature

Date

Printed Name

Witness Signature

Date

Printed Name