**DISCOVER DENTAL**
Dr. Jeremie Hallett DMD

# Informed Consent
BONE GRAFT

This is my consent for Dr. Jeremie Hallett to perform the recommended **bone graft surgery** as previously explained to me, or other procedures deemed necessary or advisable as necessary to complete the planned procedure.

1. I have been informed and afforded the time to fully understand the purpose and the nature of the bone graft surgery procedure. I understand what is necessary to accomplish the placement of the bone graft under the gum on/or in the bone.
2. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire a bone graft to help secure the replaced missing teeth.
3. I am aware that if nothing is done, an inability to place a bone graft or implants at a later date due to changes in oral or medical conditions could exist.
4. I understand that there is no method to predict accurately the gum and bone healing capabilities in each patient following the placement of a bone graft. I understand that bone in its healing process remodels and there is no method to predict the final volume of bone, thus additional grafting may be necessary.
5. I understand that:
    - 5.1. in some instances bone grafts fail (mal-union, delayed union, or non-union of the donor bone graft to the recipient bone site) and must be removed and that a lack of adequate bone growth into the bone graft replacement material could result in failure.
    - 5.2. the practice of dentistry is not an exact science; no guarantees or assurances as to the outcome of the results of treatment or surgery can be made.
    - 5.3. there is a risk that the bone graft surgery may fail, which might require further corrective surgery or the removal of the bone graft with possible corrective surgery associated with the removal. If the bone graft surgery fails I understand that alternative prosthetic measures may have to be considered.
6. I understand that excessive smoking, alcohol, or problems with blood sugar may affect gum healing and may limit the success of the bone graft.
7. I understand that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to:
    - 7.1. **Swelling, bruising and pain:** This can occur with any surgery and vary from patient to patient and from one surgery to another.
    - 7.2. **Trismus:** This is limited opening of the jaws due to inflammation and/ or swelling in the muscles. This is most common with impacted tooth removal but it is possible with any dental procedure.
    - 7.3. **Infection:** This is possible with any surgical procedure and may require further surgery and/ or medications if it does occur.
    - 7.4. **Bleeding:** Although significant bleeding can occur during or after surgery, it is not common. Some bleeding is, however, usual for most surgeries and is normally controlled by following the recommendations of the post-op instruction sheet.
    - 7.5. **Drug reactions:** A reaction is possible from any medication given and could include nausea, rash, anaphylactic shock and/or death. It is now appreciated that some antibiotics may inactivate most birth control pills. Sexually active women who take birth control pills should use another method of contraception for the remainder of the menstrual cycle if antibiotics are prescribed.
    - 7.6. **TMJ dysfunction:** This means the jaw joint (temporomandibular joint) may not function properly and, although rare, may require treatment ranging from use of heat and rest to further surgery.
    - 7.7. **Reaction to local anesthetic:** Certain possible risks exist that, although uncommon, could include pain, swelling, bruising, infection, nerve damage, idiosyncratic or allergic reactions. In very rare and unpredictable cases the reactions to anesthesia medications can be life threatening.
    - 7.8. Stretching of the corners of the mouth with resultant cracking and bruising: This may occur due to retraction of the cheeks during surgery.
    - 7.9. **Damage to other teeth and/or dental restorations:** Due to the close proximity of the teeth, it is possible to damage other teeth and/or dental restorations during surgery.
    - 7.10. **Sharp ridges or bone splinters:** Occasionally, after a surgery, the edge of the bone will be sharp or a bone splinter will come out through the gum. This may require another procedure to smooth the bone or remove the bone fragment.
    - 7.11. **Numbness:** Due to the proximity of roots of lower teeth to the nerve, it is possible to bruise or damage the nerve when harvesting the graft. The lip, chin and/ or tongue could feel numb, tingling or have a burning sensation. This could remain for days, weeks, or very rarely, permanently.
    - 7.12. **Sinus penetration:** Due to the proximity of upper back teeth to the maxillary sinus, this chamber may intentionally or unintentionally be penetrated during the grafting procedure.

8. I understand I agree to the following procedures:

☐ **Autograft** – This involves using bone from one area of the body to graft in another area. Possible donor sites may include:

- Chin (mental symphysis), Jaw (mandibular ramus)
- Edentulous area of the jaws
- Maxillary tuberosity Site

☐ **Allograft** – This involves transplanting bone from one individual to a genetically non-identical individual of the same species (cadaver bone). All allograft materials are processed from donors found to be negative by FDA approved tests for Hepatitis and HIV. Although efforts are made to ensure quality, most tissue banks make no claims concerning the biological or biomechanical properties of provided allograft. All allograft materials have been collected, processed, and distributed for use in accordance with the Standards of the American Association of Tissue Banks.

- Donor: Demineralized freeze-dried bone (DFDB)

☐ **Xenograft** – This involves transplanting bone from an individual of one species grafted onto an individual of another species.

- Donor: bovine (cow) bone or porcine (pig) tissue (most commonly cartilage membranes).

I request and authorize medical/dental services for myself. I understand that certain risks are inherent in any surgical or anesthetic procedure. If any unforeseen condition should arise in the course of the procedure, calling for the doctor's judgement or for procedures in addition to or different from those now contemplated, I request and authorize the doctor to do whatever he may deem advisable. I also approve any modifications in design, materials, or care, if it is felt this is for my best interest.

No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective re-treatment or worsening of my present condition despite the care provided. However, it is the doctor's opinion that therapy would be helpful, and that a worsening of my condition would occur sooner without the recommended treatment.

I have had an opportunity to discuss with the doctor my past medical and health history including any serious problems, injuries, pregnancy or drug use. I certify that I have not omitted or concealed any significant facts regarding my past or present health.

I agree to cooperate completely with the recommendations of the doctor while I am under his care, realizing that any lack of the same could result in a less than optimum result.

**I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS, WORDS AND EXPLANATIONS WITHIN THE ABOVE CONSENT TO THE OPERATION PROPOSED.**

**I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE POST OPERATIVE INSTRUCTION SHEET THAT HAS BEEN PROVIDED TO ME.**

| PATIENT NAME | |
|---|---|
| First Name | |
| Last Name | |

| SIGNATURE |
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| 04-Oct-2011 |