



INFORMED CONSENT FOR BONE GRAFTING PROCEDURE

Patient's Name: _____ Date: _____

Bone grafting procedures in our office are recommended for these dental reasons:

- 1) at the time of a tooth extraction, in order to preserve the bony socket; the bone graft material works as a "framework" for the patient's bone cells to follow as they heal the socket. This allows the proper amount of bone to be present in the area for future implant(s).
- 2) at the time of dental implant placement, if done in conjunction with a tooth extraction, to "fill in" around the implant in the tooth socket, to support it as it heals.
- 3) in order to give enough height and/or width of bone in a deficient area, in planning for implant placement.
- 4) at the time of a tooth extraction, when the position of the extracted tooth is such that its removal will not heal a bony defect at the roots of the existing adjacent tooth.

The bone grafting material used is irradiated, freeze-dried allograft, from DCI Donor Services Tissue Bank's donated human bone tissue. (An allograft transplants bone from one individual to a genetically non-identical individual of the same species.)

Extensive donor blood serum testing, medical and social history screening procedures, and tissue microbiological testing have been used in the qualification of all tissue donors. All allografts are processed from donors found to be negative by FDA-approved tests for HBsAg, anti-HBc, anti-HCV, STS, anti-HIV 1/2, and anti-HTLV-I/II. Despite the *extensive* tissue donor selection and qualification processes used in providing this tissue allograft, transmission of a communicable disease through the use of this tissue allograft is still possible, although extremely unlikely. Bacterial infection at the graft site could also occur.

1. I have been informed and afforded the time to fully understand 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 grafting procedure.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are thrombophlebitis (inflammation of a vein), injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used, etc.
4. I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, or looseness of teeth followed by necessity of extraction. Also possible are temporomandibular joint (TMJ) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing. In addition, 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.
5. My doctor has explained that there is no method to predict accurately the gum and bone healing capabilities in each patient following the placement of a bone graft. It has been explained 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.
6. It has been explained that in some instances, bone grafts may fail (mal-union, delayed union, or non-union of the donor bone graft to the recipient bone site) and must be removed. It also has been explained to me lack of adequate bone growth into the bone graft replacement material could result in failure. I have been informed and understand that 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. I am aware that 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.

7. I understand that excessive smoking, alcohol, or blood sugar may affect gum healing and may limit the success of the bone graft. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.
8. I agree to the following procedure(s):
9. I agree to the use of anesthesia, the type to be chosen by the doctor. If sedation is performed in conjunction with my surgery, I agree not to operate a motor vehicle or hazardous device for at least 24 hours or until fully recovered from the effects of the anesthesia or drugs for my care.
10. To my knowledge, I have given an accurate report of my physical history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust; blood or body diseases, gum or skin reactions, abnormal bleeding, or any other conditions related to my health.
11. I agree to notify New Orleans Dental Center of any and all changes to my address and/or telephone number within a reasonable time (2 weeks).
12. I request and authorize medical/dental services for myself, including bone grafts and other surgery. I fully understand the contemplated procedure, surgery, or treatment conditions that may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modifications in design, materials, or care, if it is felt this is for my best interest. If any unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that not contemplated, I further authorize and direct my doctor, associate or assistant to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the bone graft procedure.

Signature of Patient or Guardian

Date

Signature of Witness

Date

Signature of Doctor

Date