

Roytec Dental Centre

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Bone Graft Surgery Consent Form

1. I have been informed and afforded 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 and/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 have further been informed of the possible risks and complications involved with surgery, drugs and anesthesia. I understand and accept possible complications and risks. Such complications can include, but are not limited to, 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 inflammation of the veins, injury to teeth present, bone fracture, sinus penetration, delayed healing, allergic reaction to drugs or medication used.
4. I understand that if nothing is done any of the following could occur: bone disease bone loss, gum tissue inflammation, infection, sensitivity and looseness of teeth followed by necessary extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and fascial muscles, and tired muscles when chewing. In addition, I am aware that if nothing is done, an inability to place 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 capability 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 to me that 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. It also has been explained to me that 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 or results of the treatment or the 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 use or blood sugar problems may affect gum and bone 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 procedures:
- Autogenous graft-which transplants bone from one region to another.
 - Alloplast-Implantation of synthetic/chemically derived bone substitutes or membranes.
9. I agree to the type anesthesia, depending on the choice of my doctor. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more or until fully recovered from the effects of the anesthesia or drugs given for my care.
10. To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergies or unusual reactions to drugs, insect bites, anesthetics, pollen, dust, blood or body diseases, gum or skin reaction, abnormal bleeding or any other conditions related to my health.
11. I consent to photography, filming, recording, x-rays and additional professional staff observing the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.
12. I agree to notify my doctor's office of any and all changes to my address and/or telephone number within a reasonable time frame (2-4 weeks).
13. With clear knowledge of all of these possible complications, I have requested that the procedure be performed in the office environment.
14. I request and authorize medical/dental services for myself, including bone grafts and other surgery. I fully understand the contemplated procedure. I approve any modifications in design, material, or care, if it is felt this is for my best interest. If any unforeseen conditions arise in the course of the treatment which calls for the procedures in addition to or different from that now contemplated, I further authorize and direct my doctor, associates or assistants, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the bone graft procedure.

Patient _____ Date _____

Witness _____ Date _____

Dentist _____ Date _____