



Bone Graft Informed Consent

When a tooth is extracted, the underlying bone will atrophy (shrink). To preserve bone, it is recommended that I undergo a bone graft procedure. Bone grafting is a technique used to reduce the loss of bone after tooth extraction and supplement bone around an implant. The procedure improves healing post-extraction, and has become standard of care in many countries including the United States.

PURPOSE AND BENEFITS OF BONE GRAFT

Bone grafting involves placing bone under the gums in an area in order to augment your existing bone. The gums are then closed over and sutured (stitched) in place to completely cover the graft area. A healing time of 4-6 months is then required for the bone graft to mature and integrate with your body's own surrounding bone. The bone graft material is derived from a donor source (bovine achilles heel). The materials used at our office are safe and have been chosen to provide excellent & reliable clinical outcomes.

The goal of the procedure is to increase the strength of the existing bone to allow for proper implant placement. The graft will also help improve the appearance and stability of the gums, resulting in a more natural look.

PRINCIPAL RISKS AND COMPLICATIONS

Although bone grafting has been shown to have predictable outcomes, a small number of patients may not respond successfully to the procedure. Each patient's condition is unique, therefore long-term success cannot be guaranteed. The success of surgical grafting procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and certain medications. Your medical history will be updated before the procedure; please notify your doctor of any changes. Complications may result from the surgery, existing medications, or local anesthetics. These complications include but are not limited to: pain/discomfort, swelling/bruising, post-operative infection, injury to neighboring teeth (from extraction), and adverse drug reactions. There may be a need for a follow-up procedure if results are not satisfactory.

NECESSARY FOLLOW-UP CARE AND SELF CARE

Natural teeth and implants must be maintained daily in a clean, hygienic manner. Appointments will be made following the surgery so that your doctor can evaluate and monitor healing of the site. Smoking or alcohol intake will adversely affect healing and may limit the success of surgery. It is important (1) to abide by the specific prescriptions and instructions given post-operatively and (2) to see your dentist for periodic exams and preventative treatment.

PATIENT CONSENT: I, _____ (print name) have been fully informed of the surgery to be performed. I understand the risks and benefits of the procedure, alternative treatments, and the necessity for follow-up and self care. I understand the potential outcome of not undergoing treatment. I am aware that additional treatment may be necessary. I have had an opportunity to ask my doctor any questions, all of which have been answered to my satisfaction.

Patient Signature

Date

Provider Signature

Date

Witness Signature

Date