

I understand that Bone Graft Surgery and/or Bone Placement is intended to replace lost bone for reconstructive or esthetic purposes. I understand that sinus lift surgery involves raising the height of the floor of the sinus and placing bone grafting material to create a better situation for the subsequent placement of dental implants. I acknowledge that alternatives to these procedures have been explained to me. I realize that consequences of not having the bone graft surgery or bone placement could be but are not limited to: infection, loss of bone, loss of gum tissue, sensitivity of teeth, looseness of teeth leading to the need for extraction, etc. I acknowledge if the bone graft surgery and/or bone placements are not performed, it may not be possible in the future to place implants or a bone graft due to changes in my oral or medical conditions.

I understand that Bone Graft Surgery and/or Bone Placement includes possible inherent risks such as, but not limited to the following and I agree to accept any and all such risks:

- 1. Response to Treatment:** Because of many variables within each patient's physiological make-up, it is impossible to precisely determine whether or not the healing process in which bone stimulation response is a vital element will achieve the results desired by the attending dentist and hygienist as well as the patient. I understand that there is no method to accurately predict the healing capabilities of the gums and/or bone in each patient, including myself, following the placement of a bone graft. I understand that bone remodels while healing and there is no method to predict the ultimate or final volume of bone. In some cases following healing, additional bone grafting may be necessary to achieve the final results desired.
- 2. Postoperative Patient Responsibility for Care:** With the types of treatment required in extractions, bone grafts and/or bone placement, it is mandatory that the patient exercise extreme diligence in performing the home care required after treatment as instructed by the treating dentist and/or hygienist. Without the necessary follow-up care by the patient, the probability of unsatisfactory or unsuccessful results is greatly increased.
- 3. Bone Substance:** There are several types of materials that can be used for bone replacement. Allografts that use tested, sterilized bone taken from cadavers. Alloplastic that uses a man-made synthetic substance that mimics natural bone. Autografts that use bone from other parts of your own body. Xenografts that use processed bone taken from animals. The dentist has explained to me all such materials and has chosen the material believed to be best suited for my particular condition.
- 4. Infection:** In spite of how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile environment of the oral cavity, infections may occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly when accompanied with fever or malaise, it is the patient's responsibility to receive attention as soon as possible and contact this office. Such infection may interfere with the success or longevity of the bone graft/placement and ultimate success of the implant.
- 5. Injury to the Nerves:** Injury to the nerves of the lips, the tongue, the tissues in the floor of the mouth, and/or the cheeks, etc. These possible nerve injuries can cause numbness, tingling, burning, and/or loss of taste in the case of the tongue which may be of a temporary nature lasting a few days, a few weeks, a few months, or, in extremely rare cases could possibly be permanent.
- 6. Smoking, Alcohol Intake or Diabetes:** These factors may adversely affect the healing process, limiting the resulting success of the bone graft and/or bone placement.
- 7. Possibility of Failure:** I understand that in some instances bone grafts fail due to mal-union, delayed union or non-union of the donor bone graft to the recipient bone site and must be removed. I understand that lack of adequate bone growth into the bone graft replacement material may also result in failure of the graft. It is possible that reconstructive surgery may be necessary associated with and/or following removal of the graft. I understand that alternative prosthetic procedures may be required should the bone graft fail.

8. Unusual Reactions to Medications Given or Prescribed: Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of conception during the treatment period. It is the patient's responsibility to inform the doctor and/or his associates of ALL the medications the patient is currently taking.

9. Bisphosphonate Drug Risks: For patients who have taken drugs such as Fosamax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or for treatment of metastatic bone cancer, there is an increased risk of osteonecrosis or failure of bone to heal properly following any surgical procedure involving bone, including bone placement and/or bone grafts.

10. Follow-up Treatment: It is absolutely necessary following bone graft surgery or bone placement to have regular periodic examinations. The patient is responsible to make appointments and report as instructed by the treating dentist and/or his associates.

I understand that it is my responsibility to fully inform my treating dentist and/or his associates of the condition of my health and any and all problems thereof. It is also my responsibility to timely seek attention should any undue circumstances occur postoperatively. I agree to diligently comply with any and all preoperative and postoperative instructions given me

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of the **Bone Graft Surgery and/or Bone Placement** and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and/or any results from the treatment to be rendered to me. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize Gunnerson Dental and/or all their associates involved in rendering any services they deems necessary or advisable to treatment of my dental conditions, including any anesthetic agents and medications.

Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: []

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: []