



Bone Replacement Graft and Ridge Preservation Consent Form

PATIENT NAME _____ DATE _____ TOOTH # _____

Upper Right Upper Left
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
 Lower Right Lower Left

DIAGNOSIS: After a careful oral examination and study of my dental condition, Dr. Ruprecht has advised me that a Bone Graft/Ridge Preservation is recommended for temporary stabilization and preservation of the existing bone. The purpose of Ridge Preservation and Bone replacement graft is for the intended graft material to act as scaffold and be replaced by your own new one, creating more bone or a secure location for an implant. A bone replacement graft may also be used to help prevent bone loss.

RECOMMENDED TREATMENT: Ridge Preservation involves a surgical procedure to reduce bone loss after tooth extraction to preserve the dental alveolus (tooth socket) in the alveolar bone. It minimizes bone loss and allows a better outcome for tooth replacement with an implant or a tooth supported bridge. The hole left by the removal of the tooth is covered by a protective membrane.

PRINCIPLE RISKS AND COMPLICATIONS: I understand that a small number of patients do not respond successfully to Bone Graft/Ridge Preservation. No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile oral environment, for infections to occur postoperatively. At times, these may be of a serious nature. Injury to nerves this would include injuries causing numbness of the lips; the tongue; any tissues of the mouth; and/or cheeks or face. This numbness which could occur, may be of a temporary nature, lasting a few days, a few weeks, a few months, or could possibly be permanent, and could be the result of surgical procedures or anesthetic administration. Should severe swelling occur, particularly accompanied with fever or malaise, professional attention should be received as soon as possible. It is your responsibility to seek attention should any undue circumstances occur post-operatively and you should diligently follow any pre-operative and post-operative instructions.

LOSS OF ALL OR PART OF THE GRAFT Success with bone and membrane grafting is high. Nevertheless, it is possible that the graft could fail. A block bone graft taken from somewhere else in your mouth may not adhere or could become infected. Despite meticulous surgery, particulate bone graft material can migrate out of the surgery site and be lost.

Initial here _____

A membrane graft could start to dislodge, if so, the doctor should be notified. Your compliance is essential to assure success.

TYPES OF GRAFT MATERIAL: Some bone graft and membrane material commonly used are derived from human or other mammal sources. These grafts are thoroughly purified by different means to be free from contaminants. Signing this consent form gives your approval for the doctor to use such materials according to his/her knowledge and clinical judgment for your situation.

SINUS INVOLVEMENT: In some cases, the root tips of upper teeth lie in close proximity to the maxillary sinus. Occasionally, with extractions and/or grafting near the sinus, the sinus can become involved. If this happens, you will need to take special medications. Should sinus penetration occur, it may be necessary to later have the sinus surgically closed.

CONSENT TO UNFORSEEN CONDITIONS: During surgery, unforeseen conditions could be discovered which would call for a modification or change from the anticipated surgical plan. These may include, but are not limited to, extraction of hopeless teeth to enhance healing of adjacent teeth, the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or termination of the procedure prior to completion of all of the surgery originally scheduled. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the treating doctor.

NO WARRANTY OR GUARANTEE: I acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing, which will help me, keep my teeth. Due to individual patient differences, however, a Periodontist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

PATIENT'S ENDORSEMENT: My endorsement (signature) to this form indicates that I have read and fully understand the terms and words within this document and the explanations referred to or implied, and that after thorough deliberation, I give my consent for the performance of any and all, procedures related to crown lengthening as presented to me during consultation and treatment plan presentation by the doctor or as described in this document.

PLEASE ASK THE DOCTOR OR ANY OF THE STAFF IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT

Signature or Patient, Parent or Guardian

Date

Printed Name of Patient

Relationship to patient

Witness Signature

Date

Printed Name of Witness

Relationship to patient