

PATIENTS CONSENT FORM MAXILLARY SINUS ELEVATION

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: Insufficient bone height in my upper jaw to place root shaped dental implants of adequate length.

RECOMMENDED TREATMENT: Maxillary sinus Elevation surgery. A local anesthetic will be administered in addition to medications deemed appropriate by the Dr. Ruprecht. Oral antibiotics may be prescribed.

GRAFT: Gum tissue will be pulled back and an opening will be created I the wall on the side of my maxillary sinus. After access of the sinus is created, the lining of sinuses will be lifted. Underneath the lining a bone graft will be placed. This graft may include my own bone, synthetic bone substitute, human bone obtained from tissue banks, or a combination of these. Prefabricated membranes may also be used. Which, if non-restorable, require a small additional surgical procedure for membrane removal. Dental implants may or may not be placed at the same time of the sinus lift surgery. Whether implants will be placed at the same time can not be determined with certainty before the procedure. And I understand that implant placement may be delayed for as long as Dr. Ruprecht deems advisable.

EXPECTED BENEFITS: Sufficient bone in the upper jaw to allow placement of rooted-shaped implants.

PRINCIPAL RISK AND COMPLICATION: I understand that complications may result from surgery and/or drugs used. These complications may include, but not limited to infection, bleeding, swelling pain, temporary discoloration of the face, increase tooth looseness, tooth sensitivity to hot/cold, sweet, or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth. Rarely, nerve damage can occur and infections can spread to other parts of the body. Nose bleeds can occur and local infection can spread to the bone (Osteomyelitis). Failure of the bone graft can lead to failure of implants placed in the area, or inability to place implants at a later date. Chronic or acute sinusitis may occur as a result of this procedure. Existing sinusitis may be aggravated or recur more frequently. Complications may be irreversible. There may be a need for a second procedure if the initial results are not satisfactory. The success of sinus

Initial here _____

lift procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate hygiene, and medications that the patient may be taking. To my knowledge, I have reported to Dr. Ruprecht any drug reactions, allergies, diseases, symptoms, habits, or conditions which I have now or have had at any time in the past.

I understand that unforeseen conditions may call for changes in the anticipated surgical plan. These may include, but are not limited to:

- Extraction of teeth
- The removal of parts of teeth
- Inability to start or complete sinus lift procedure

Any of these unforeseen changes may lead to a change in my dental treatment plan. This may include but are not limited to additional work or referral to other dental or medical specialist.

NECESSARY FOLLOW-UP AND SELF CARE: Abide by the specific prescriptions and instructions given by Dr. Ruprecht. See my regular Dr. and Dr. Ruprecht for periodic examinations and preventative treatment. It is essential to follow recommendations regarding the nature and timing following implant-related treatment. Failure to follow such recommendations could lead to ill effects and treatment failure. Also inform Dr. Ruprecht as soon as possible of any complications or symptoms that may relate to the sinus lift or placement of the graft implants. These symptoms or complications include, but are not limited to nose bleeds, pain, unusual feeling of sinus pressure, fever, swelling, pus, formation and reactions to the medications prescribed. Although Dr. informs when the next periodic visit is needed, I am responsible for contacting the Doctors office to make appropriate appointments.

NO WARRANTY OR GUARANTEE: I hereby acknowledge that not guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. The sinus lift procedure, although not experimental, is a fairly new surgical treatment. Its long term success, potential risks and complications may not be fully known.

PUBLICATION OF RECORDS: I authorize that my dental records, slides, x-rays or any other information pertaining to treatment to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public.

I have read this entire form and understand everything explained in it. I have had the opportunity to ask Doctor any questions I may have about the treatment, the risk of surgery. I authorized Dr. Ruprecht and whomever she chooses as her assistant to perform the proposed sinus lift surgery.

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

Signature of Witness

Date