CONSENT FOR GRAFTING

It is essential that the surgical patient understand why his/her surgical procedure has been recommended, how it is performed and the major risks and complications that can accompany the procedure.
IF YOU HAVE ANY QUESTIONS,
PLEASE ASK YOUR DOCTOR BEFORE INITIALING OR SIGNING THIS FORM.

I hereby authorize Dr. Wang and staff to treat the condition described as insufficient bone for placement of implants or other dental procedures.

I have been informed of possible alternative forms of treatment (if any), including:

1. The surgical procedure planned to treat the above condition has been explained to me, and I understand the nature of the treatment to be under anesthesia.
2. The reason it has been recommended (the diagnosis): There is inadequate bone in the area for oral reconstruction.
3. We have discussed the major risks, complications and side effects that may be associated with this procedure. These include
   A. Risks that apply to all grafts
      (1) Swelling, bruising, pain, bleeding, infection, extensive scar formation and altered sensation (usually numbness at the donor site). Each of these conditions may require additional treatment and can prolong recovery.
      (2) Allergic reaction or other adverse reactions to medications or materials used during or after the procedure.
      (3) When there is not adequate bone in the intended donor site, additional surgery may be required to obtain adequate bone.
      (4) Bone particles or splinters may be expelled from either the donor or recipient site for some time after the procedure.
      (5) The bone graft may be partially or completely rejected.
      (6) Fracture of the jawbone or the bone graft.
      (7) A bone graft may not “take” in the area to which it has been transferred, and may need to be removed. Sometimes particles of natural or synthetic bone are packed around the main graft. These particles can sometimes work their way out of the wound and be lost.
      (8) Infection may develop and result in loss of a portion or all of the bone graft. Management of the infection may require additional treatment.
      (9) A chronic (long-term) bone infection called osteomyelitis may occur at the site to which it is transferred. This type of infection can require longterm antibiotic therapy or other treatment.
      (10) The screws, plates or wires used to secure the bone graft may become exposed. In such cases, they may need to be removed. This can ultimately lead to loss of the bone graft.
   B. Bone from the bone bank or synthetic bone. In some cases, bank bone (cadaver) or artificial bone is used for grafting. It may be used as a sole grafting material or in addition to the other bone grafts discussed above. The bank bone can be from human or animal donors and undergoes processing such as freeze drying, de-mineralization (removal of the calcium) and irradiation. Use of these grafts carries some of the general complications for bone grafting. In addition, the use of such materials has its own risks including, but not limited to:
      (1) Rejection of the bank bone or artificial bone grafting material.
      (2) A possible, but remote chance of bacterial or viral disease transmission from the processed bone.
4. I understand the importance of providing accurate information about my health history,

especially concerning possible pregnancy, allergies, use of medications and history of drug or alcohol use. If I misinform my doctor I understand the consequences may be life-threatening or adversely affect the results of my surgery.
5. I have been advised of my option for a second opinion from another doctor regarding the proposed treatment.
6. I realize that despite all precautions that may be taken to avoid complication, there can be no guarantee as to the result of the proposed treatment.

INFORMATION FOR FEMALE PATIENTS

_____ I have informed my doctor about my possible use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate mechanical forms of birth control during the period of my treatment, and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills.

CONSENT

I certify that I speak, read and write English, that I fully understand this consent form for surgery, and that all blanks were filled in prior to my signing this form. All my questions have been answered to my satisfaction and I am willing to undergo the proposed surgery.