

FAMILY, IMPLANT & COSMETIC DENTISTRY SINCE 1979



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CONSENT FOR BONE GRAFTING PROCEDURE

Doctor Name: Sanford N. Schwartz, D.D.S.

In order for me to make an informed decision about undergoing a procedure, I should have certain information about the proposed procedure, the associated risks, the alternatives and the consequences of not having it. The doctor has provided me with this information to my satisfaction. The following is a summary of this information. This form is meant to provide me with the information I need to make a good decision; it is not meant to alarm me.

I have been informed by Dr. Schwartz of my current condition and recommendation for treatment which could include, extraction(s), implant, sinus lift, bone expansion/manipulation, bone grafting and / or augmentation.

I also understand that a separate procedure to obtain bone for grafting is intended to remove portions of bone from my jaw and place it in the area to be treated, unless the bone donor is obtained from a tissue bank.

In addition to the risks of the primary surgical procedure which have been explained to me separately, I understand that bone grafting itself involves specific risks. My doctor has explained to me that such risks include, but are not limited to, the following:

GENERAL RISKS

- Bleeding, swelling, infection, scarring, pain, numbness or altered sensation (possibly permanent) at the donor site which may require further treatment.
- Allergic or other adverse reaction to the drugs used during or after the procedure.
- The need for additional or more extensive procedures in order to obtain sufficient bone.
- Rejection of bone particles from donor or recipient sites for some time after surgery.
- Rejection of the bone graft.

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

- Damage to adjacent teeth which may require future root canal procedures, or may cause loss of those teeth.

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA
Cont.

- Removal of adult teeth in order to obtain sufficient bone material.
- Numbness or pain in the area of the donor or recipient site, or more extensive areas, which may be temporary or permanent.
- Penetration of the sinus or nasal cavity in the upper jaw, which could result in infection or other complication requiring additional drug or surgical treatment.

BANKED BONE (freeze-dried, lyophilized, demineralized, xenografts) OR BONE SUBSTITUTES

On occasion, additional donated, processed, or artificial bone substitutes are used to supplement the patient’s bone, or to spare an extensive graft harvesting procedure. If used, such materials may have separate risks including, but not limited to:

- Rejection of the donated or artificial graft material.
- The remote chance of viral or bacterial disease transmission from processed bone. Currently there are NO known cases of such from any U.S. tissue bank following protocols of the American Association of Tissue Banks.

I understand that in my grafting procedure, the use of tissue bank cadaver bone, autogenous (my own) bone, or purely synthetic bone mineral is expected to be taken from “the shelf” or my own mouth.

CONSENT

I acknowledge that the above has been explained to my satisfaction, my questions have been answered, and I understand the risks of bone grafting. I am fully aware that a perfect result cannot be guaranteed or warranted. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery. I certify that I speak, read, and write English.

▶ _____ Patient’s (or Legal Guardian’s) Signature	_____ Date
▶ _____ Doctor’s Signature	_____ Date
▶ _____ Witness’ Signature	_____ Date