



## Consent for Bone Graft Surgery

Bone grafting is a surgical procedure that preserves the bone contour in order for a dental implant to be successfully placed after proper healing has taken place. Bone grafting material is from human bone which has been screened, tested, recovered, and processed under sterile conditions and then de-mineralized, all in accordance with FDA regulations. As in any surgery, there are some risks. The risks include, but are not limited to:

1. Swelling and/or bruising and discomfort in the surgery area.
2. Stretching of the corners of the mouth resulting in cracking and bruising.
3. Bleeding, facial pain, jaw joint pain or muscle spasm.
4. Numbness or altered sensation in the teeth, lip, tongue (including possible loss of taste sensation) and chin. Sensation most often returns to normal, but in rare cases, the loss may be permanent.
5. Possible infection requiring further treatment.

In some instances bone grafts fail. The lack of adequate bone growth into the bone graft replacement material could result in failure, which might require further corrective surgery or the removal of the bone graft with possible corrective surgery associated with the removal. If the bone graft surgery fails, alternative prosthetic measures may need to be considered. Implants may not be possible.

Area to be grafted \_\_\_\_\_

\_\_\_\_\_

I understand the doctor may discover other or different conditions that may require additional or different procedures from those planned. I authorize such other procedures as are deemed necessary in my doctor's professional judgment to complete my surgery.

I have read and understand the above, and had my questions answered. I recognize there can be no warranty as to the outcome of treatment, and I give my consent to surgery.

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Patient's (or Legal Guardian's) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT name

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date