

EXTRACTION / SOCKET PRESERVATION / BONE GRAFTING CONSENT FORM

Part 1 - Patient Doctor Information

Date: _____

Patient Name: _____

Doctors Name: _____

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. This form is meant to provide me with the information I need to make a good decision; it is not meant to alarm me. The following is a summary of this information.

Part 2 – Details of Consent

Recommended treatment: Extraction and socket preservation # _____

My Doctor has recommended that a tooth or several teeth be extracted and immediate bone grafting be done to preserve the bone contour and allow future placement of dental implants.

I have been informed and understand that occasionally there are complications of this procedure including, but not limited to:

- Pain and/or swelling
- Bleeding, bruising and/or discoloration of the face, usually of a temporary nature
- Infection that may adversely affect the new bone and require further treatment
- Limitation of jaw function
- Numbness and tingling of the lip, chin, gums, teeth, cheek and palate
- Post-operative unfavorable reactions to drugs, such as diarrhea, nausea, vomiting and allergy

Bone graft materials for socket preservation

- Autogenous bone (patient's own bone)
- Alloplastic/Allogeneic bone (Synthetic/Derived from the bone bank)

Alternatives

My Doctor has explained the following medically acceptable alternatives:

- Extraction without immediate bone grafting
- No treatment

Anesthetic

- Local anesthesia only
- Local anesthesia with Oral Sedation or Nitrous Oxide Sedation (Gas)

Anesthetic risks include discomfort, nausea/vomiting, dizziness and allergic reactions.

There may be inflammation at the site of an intravenous injection, which may cause prolonged discomfort and may require special care.

Other procedures

During the course of the procedure, my Doctor may discover other conditions that require an extension of the planned procedure, or a different procedure altogether. I request that my Doctor performs the procedures that he thinks are better to do at this sitting rather than later on.

Risks

My Doctor will give his best professional care toward accomplishment of the desired results. The substantial and frequent risks and hazards of the proposed procedure are:

The graft material not incorporating enough into the jaw, requiring other prosthetic measures.

Part 3 - My Responsibility

I agree to cooperate completely with my Doctor's recommendations while under his care. If I don't fulfill my responsibility, my results could be affected. Smoking increases the risk of post-operative complications. Therefore, my Doctor has recommended that I stop smoking two weeks prior to the scheduled surgical procedure and up to eight weeks following the completion of the procedure. Success requires my long-term personal oral hygiene, mechanical plaque removal (daily brushing and flossing), completion of recommended dental therapy, regular follow-up appointments and overall general health.

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I have provided as accurate and complete medical and personal history as possible, including those antibiotics, drugs, medications, and foods to which I am allergic. I will follow any and all instructions as explained and directed to me, and permit all required diagnostic procedures. I have had an opportunity to discuss my past medical and health history including any serious problems and/or injury with my Doctor. Smoking may adversely affect extraction site healing and cause failure of the bone graft.

Necessary Follow-up Care and Self-Care

Natural teeth and appliances should be maintained daily in a clean, hygienic manner. I should follow post-operative instructions given after surgery to ensure proper healing. I will need to come for appointments following the procedure so that my healing may be monitored and so that my Doctor can evaluate and report on the outcome of the surgery upon completion of healing.

Part 4 – Miscellaneous**Fees**

I know the fee that I am to be charged. As a courtesy to me, the office staff will help prepare the insurance claims should I be insured. However, the agreement of the insurance company to pay for medical expenses is a contract between the insurance company and myself and does not relieve my responsibility to pay for services provided. Some and perhaps all of the services provided may not be covered or not considered reasonable and customary by my insurance company. I am responsible for paying for all treatment in full at the time services are rendered.

Part 5 – Signature**Understanding**

I have read and understand this form. I have been encouraged to ask questions, and am satisfied with the answers. I have read this entire form. I give my informed consent for surgery and anesthesia.

Someone at my Doctor's office has explained this form, my condition, the procedure, how the procedure could help me, things that can go wrong, and my other options, including not having anything done. I want to have the procedure done.

I authorize my Doctor to perform the procedure listed in the title above. I know that I am free to withdraw from treatment at any time.

Patient signature: _____ Date: _____

OR

Patient guardian: _____ Date: _____

If not the patient, what is your relationship to the patient? _____

I have explained the condition, procedure, benefits, alternatives, and risks described on this form to the patient or representative.

Doctor: _____ Date: _____