

Bone Graft Consent Form:

I understand that when a tooth is extracted, the underlying bone tends to atrophy (shrink). Bone grafting is a method to reduce or offset this bone atrophy after extraction(s), or to supplement bone around an implant, in a large sinus cavity, or to treat pocketing around a tooth.

Cadaver Bone (DFDBA/FDBA):

Using donor screening recommendations, it has been calculated that the chance of obtaining a bone graft from an HIV-infected donor (e.g., one who failed to be excluded by one of the exclusionary techniques) is one in 1.67 million [Buck 1989]. Furthermore, the probability that DFDBA might contain HIV has been calculated to be one in 2.8 billion [Russo 1995]. Therefore, the established exclusionary criteria combined with recommended processing procedures (harvesting in a sterile manner, repeated washings, immersion in ethanol, freezing in liquid nitrogen, freeze-drying, demineralization, and vacuum sealing) render DFDBA and FDBA grafts safe for human implantation.

Note: Dental anesthesia requires needles and injections that cause stress and pain, if you have an underlying heart, cardiovascular condition or other disease then the stress of dental anesthesia can cause many adverse reactions including but not limited to epinephrine reaction with palpitations and loss of consciousness, heart attack, stroke, aneurysm, death, etc. You must be willing to assume these risks if you undergo dental anesthesia. Please consult with your physician if you are unsure about this decision.

Please read carefully and ask your surgeon if you have questions regarding any of the following:

1. I have been informed, and I understand the purpose, of the bone graft procedure.
2. I understand that there may be risks and complications of any procedure including swelling, bruising, pain, bleeding, infection, altered sensation (usually numbness at the donor site), allergic reaction or other adverse reactions to medications or materials used during or after the procedure.
3. I understand that there is no method to predict accurately the gum and bone healing capabilities in each patient following the placement of a bone graft; and that bone in its healing process remodels and there is no method to predict the final volume of bone, thus additional grafting may be necessary.
4. It has been explained to me that, in rare instances, bone grafts fail and must be removed. Lack of adequate bone growth into the bone graft replacement material could result in failure. No assurances or guarantees as to the outcome of the results of treatment or surgery can be made. I am aware that should the bone graft surgery fail, it may require further corrective surgery or the removal of the bone graft, and there will be additional costs for the patient associated with these additional interventions. The patient is responsible for any and all additional fees for corrective procedures. Furthermore, should the bone graft surgery fail, I understand that alternative nonsurgical prosthetic measures may have to be considered.
5. I understand that smoking or high blood sugar (diabetes) may effect gum healing and may limit the success of the bone graft. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.
6. To my knowledge, I have given an accurate report of my health history. I have also reported any unusual reaction to drugs, anesthetics, food, insect bites, pollen or dust, any blood or body diseases, gum or skin reactions, abnormal bleeding, or any other conditions related to my health.
7. I request and authorize medical/dental services for me, including bone grafts and other surgery. I fully understand that during and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve of modifications in design, materials, or care, if it is felt this is for my best interest, including the decision not to proceed with the bone graft.

I have reviewed the above information, and have had the opportunity to have any questions/concerns addressed. Based on the information presented by my doctor(s) regarding my diagnosis, the proposed treatment, the treatment alternatives, and the associated risks and complications of such treatment, I request that you perform the planned surgical treatment.

Strictly Limited Implant Warranty:

No warranty on bone grafting or implants. If an implant fails during the first 365 days from placement, then we will remove it for free and do bone grafting once, for free, as a courtesy. Patient would be charged full price for second attempt at implant surgery and any other additional interventions they desire.

Legal Fees:

The dental company is entitled to claim legal fees and lost wages incurred for any situation where legal action against the dental company is initiated and ultimately unsuccessful.