



## **Informed Consent for Bone Grafting/Ridge Augmentation at Time of Extraction**

**Diagnosis:** The socket from which the tooth is being extracted has atrophied to the point that dental implants cannot be installed without bone regeneration.

**Description of Procedure:** The gum tissue is pushed away and the bone is exposed. The graft material may be placed into an extraction socket(s) and/or on the surface of the bone and then a Guided Tissue Barrier Membrane may be placed over the grafted bone area to prevent gum skin cells from entering the wound and stopping bone regeneration and to aid in the retention of the bone graft. Finally, the gum is sutured back around the teeth and/or together.

**Description of the Graft Material:** Demineralized Bone Allograft is human bone tissue recovered and processed from cadavers under sterile conditions. All donors are screened by health care professionals to prevent the transmission of disease to the person receiving the graft.

**Expected Benefits:** Bone Grafting/Ridge Augmentation at Time of Extraction allows for bone regeneration to facilitate the installation of dental implants.

**Risks Related to the Procedure and Unforeseen Conditions:** Risks related to surgery by the use of bone grafts include, but are not limited to: post-surgical infection, bleeding, swelling, pain, facial discoloration, transient but on occasion permanent numbness of the lip, tongue, teeth, chin, or gum, jaw joint injuries or associated muscle spasms. Unforeseen Conditions include, but are not limited to, extraction of hopeless teeth to enhance healing of adjacent teeth, the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or termination of the procedure prior to completion of all of the surgery originally scheduled. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the treating doctor.

**Alternatives to the Procedure:** These may include, but are not limited to: (1) No treatment, with the expectation of the advancement of my condition resulting in greater risk of complications including, but not limited to: bone loss, pain, infection, and possible damage to the support of adjacent teeth, a less than satisfactory dental prosthetic result. (2) Building up the ridge with soft tissue grafting which would not increase the possibility of using dental implants. (3) Extending the depth of the cheek pouch by surgery with or without the use of a soft tissue graft which would not increase the possibility of using dental implants or the esthetics or phonetics related to design of a fixed bridge.



**No Warranty or Guarantee:** I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed surgery will be successful in stopping further bone loss or complications related to further bone loss.

**Compliance with Self-Care Instructions:** I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I also understand that failure to follow daily care instructions or report for follow-up appointments as needed may lead to further risks or complications.

**Supplemental Records and Their Use:** I consent to the use of photography, video recording, and/or X-rays of my oral structures for both the above procedure(s) and educational use in lectures or publications, provided my identity is not revealed in compliance with HIPAA.

I, \_\_\_\_\_, understand the risks involved with Bone Grafting /Ridge Augmentation at Time of Extraction and I release Dental TLC and any Dental TLC employees, agents or independent contractors from any liability related Bone Grafting /Ridge Augmentation at Time of Extraction.

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Signature

Date: \_\_\_\_\_