



Informed Consent for the Performance of Sinus Augmentation Surgery

Diagnosis: I have been informed that the purpose of this procedure is to stimulate the growth of bone in the lower portion of the sinus space above the rear portion of my upper jaw in order to provide adequate bone for the anchorage of dental implants. Implants will provide a foundation for dental prosthetic tooth replacement of teeth missing in my upper jaw.

Description of the Procedure: After anesthetics have numbed the area to be operated, the gum is reflected from the jaw surface so as to gain access to the side of the jaw which forms the side wall of the sinus. Next, a hole in this sinus wall is formed, gaining access to the sinus. Next, the membrane lining the sinus is raised from the bone lining the base of the sinus. Next, a bone graft material is placed into the space between the bone and the elevated sinus membrane. Finally, the gum is repositioned to cover the jaw including the hole into the sinus and is sutured back into place to close this wound.

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 Benefit: Sinus Augmentation will help generate bone for the installation of an implant to replace an upper molar.

Risks Related to the Procedure and Unforeseen Conditions: Risks related to sinus augmentation surgery with bone regeneration by the use of demineralized bone allografts may include, but are not limited to, post-surgical infection, bleeding, swelling, pain, facial discoloration, transient but on occasion permanent numbness of the lip, teeth, or gum, jaw joint injuries or associated muscle spasms. Unforeseen Conditions include, but are not limited to, extraction of hopeless teeth to enhance the outcome of this procedure 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: (1) no treatment, with the expectation of no replacement of missing upper teeth; a less than satisfactory outcome to any form of prosthetic replacement of missing upper teeth; continued advancement of bone loss in the area of missing



upper back teeth with possible future erosion into the sinus, i.e., the formation of a hole between the mouth and sinus which could lead to the development of chronic infection in the sinus.

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 providing enough bone for dental implant anchorage. Due to individual patient differences, one cannot predict the absolute certainty of success.

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 Sinus Augmentation Surgery and I release Dental TLC and any Dental TLC employees, agents or independent contractors from any liability related to the Sinus Augmentation Surgery.

Signature

Date: _____