



PRE-OP COUNSELING AND CONSENT FOR BONE GRAFT SURGERY

PATIENT'S NAME: _____ **DATE:** _____

DX: Insufficient available bone in the _____ area.

PROCEDURE: Taking a block of bone from _____ and placement of this graft to _____

ANESTHESIA: Topical Local Nitrous IV Sedation General

Dr. _____ has extensively discussed the proposed surgery noted above, including the expected benefits and the alternatives to treatment, if any. I have also been advised of the associated potential risks and possible complications of the proposed procedures including, but not limited to: reactions or allergy to medications, bleeding, infection, swelling, pain bruising, limited opening, jaw joint (TMJ) pain/dysfunction, involvement of the maxillary sinus, damage to other teeth or dental work, alveolar osteitis (dry socket or loss of the clot formed in the extracted tooth socket requiring treatment by irrigation and dressing placement), numbness of the tongue, lips, or face, nausea/vomiting, unplanned laceration, tear, burn or abrasion of intraoral mucosa or skin with the need for additional treatment or surgical repair, and the possibility of the need for other surgery or hospitalization.

I understand that if the planned procedure is performed by laser, a risk of burns to mucosa, skin or eyes could exist.

If I am to receive medicines to relax me (IV sedation/general anesthesia, nitrous oxide - oxygen analgesia or oral sedative pre-med). I have been advised of the additional risks and possible complications, i.e., nausea, vomiting, an allergic or unexpected reaction (if severe, allergic reactions might cause more serious respiratory (lung) or cardiovascular (heart) problems which may require treatment). In addition, there may be: pain, swelling, inflammation or infection of the area of the injection, injury to nerves or blood vessels in the area, disorientation, confusion, or prolonged drowsiness after surgery, cardiovascular or respiratory responses which could lead to heart attack, stroke, or death. Fortunately, these complications and side effects are not common. Well-monitored anesthesia is generally very safe, comfortable, and well tolerated. If you have any questions, **PLEASE ASK.**

I understand I am to: Have nothing to eat or drink 4 hours prior to surgery.
 Have an escort, who is a responsible adult, drive me to the appointment, stay in the vicinity and drive me home after my surgery.

I understand that I am to follow the oral and written sedation instructions given to me, realizing failure to do so may result in less than optimum results of the procedure and that I am to present myself for post operative appointments as scheduled.

I request the performance of the procedure named above and such additional procedures as may be found necessary in the judgement of my doctor during the course of this treatment. I understand unforeseen circumstances may necessitate a change in the desired procedure or in rare cases, prevent completion of the planned procedure.

I request the administration of such anesthesia as may be considered necessary or advisable in the judgement of the doctor.

Exceptions to surgery or anesthesia, if any are: _____

I request the disposal of any tissues or parts which may be necessary to remove.

I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and for reimbursement purposes. However, my identity will not be revealed to the general public without my permission.

I understand that there may be additional laboratory charges for specimens taken for biopsies and infections.

I have been advised of the risks of the planned procedure as noted above, the possible risks of non-treatment, and the procedures to be performed. I have the option of seeking additional opinions from other providers if desired. I have read and understand the consent for surgery above and desire to proceed as planned. I acknowledge that no guarantees have been made to me concerning the outcome or results of the surgery above and desire to proceed as planned. I have no unanswered questions concerning the proposed treatment.

PLEASE ASK YOUR DOCTOR IF YOU HAVE ANY QUESTIONS CONCERNING THIS CONSENT FORM.

Patient _____ Witness _____ Doctor _____