LUNAR SMILE DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Bone Graft Surgery

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name

Date of birth (YYYY-MM-DD)

Phone

Tooth to be removed / area to be grafted

Challenges discussed with me

About bone grafting

A bone graft adds bone where it has been lost, so that there is enough healthy bone to support implants or other treatment. Graft material is placed under the gum, on or in the jawbone, and over time your body replaces it with new bone. Your dentist has examined your mouth and explained other options. Having tried or considered them, you would like a bone graft to help support replacement teeth.

Graft plan

To be completed with your dentist.

Graft material

- ☐ Your own bone (autograft)
- ☐ Processed donor bone (allograft)
- ☐ Synthetic substitute (alloplast)
- ☐ Animal-derived bone (xenograft)
- ☐ Collagen / barrier membrane

If your own bone is used, it will be taken from

- ☐ Chin
- ☐ Area of missing teeth
- ☐ Back of upper jaw
- ☐ Back of lower jaw
- ☐ Other site

Area to be grafted

- ☐ Upper jaw
- ☐ Lower jaw
- ☐ Area of missing teeth
- ☐ Sinus

Setting: ○ In our office ○ In hospital

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Possible risks

- pain, swelling, bruising and infection;
- numbness of the lip, tongue, chin, cheek or teeth, which may last for an unknown time and may be permanent;
- inflammation of a vein where an IV was placed;
- damage to nearby teeth, a fracture of the jaw, or an opening into the sinus;
- slow healing; and
- allergic reactions to medications or materials.

How the graft heals

No one can predict exactly how gum and bone will heal. Grafted bone reshapes itself as it heals and may shrink, so more grafting may be needed. Sometimes a graft does not join to the existing bone, or not enough new bone grows into it, and it must be removed, possibly with further surgery. If that happens, other ways of replacing teeth may need to be considered.

Smoking, heavy alcohol use and poorly controlled blood sugar slow healing and lower the chance of success.

If nothing is done

Bone loss may continue, with gum inflammation, infection, sensitivity and loosening of teeth that may lead to their removal. Jaw joint problems, headaches, and aching or tired face and neck muscles are also possible. Over time, it may become impossible to place a graft or implants.

Anaesthesia and your responsibilities

- Your dentist will choose the most suitable type of anaesthesia and discuss it with you.
- Do not drive or operate machinery for at least 24 hours, or until the effects of any anaesthesia or medication have fully worn off.
- Follow your home-care instructions and attend all follow-up examinations.
- Let us know within two weeks if your address or phone number changes.

Photos and records (optional)

Photos, x-rays and scans of your mouth are taken as part of your treatment record. With your permission, we may also use them, with nothing that identifies you, for teaching or professional publications. Saying no has no effect on your care.

May we use your de-identified records for teaching?

◯ Yes ◯ No

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Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.
- ☐ I have reported any past allergic or unusual reactions to medications, anaesthetics, foods or other substances, and any bleeding problems.

Consent. I consent to bone graft surgery as planned above, including the anaesthesia my dentist chooses. If something unexpected is found during treatment, I allow my dentist to do what is reasonably necessary in my best interest, and I understand this will be discussed with me whenever possible. This may include a change in materials or design, or a decision not to place the graft.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by

Witness

Date