



PATIENT'S CONSENT FOR GUIDED BONE REGENERATION SURGERY

DIAGNOSIS: I have been informed of the presence of insufficient bone support in an area where dental implants (s) are desired. The amount of bone may be increased; this is accomplished by means of a bone substitute and/or a protective membrane.

SUGGESTED TREATMENT: It has been suggested that my treatment include guided bone regeneration.

PURPOSE OF GUIDED BONE REGENERATION: I have been informed that the purpose of this procedure is to allow the amount of bone to be increased. This is accomplished by means of a bone substitute and/or a protective membrane.

ALTERNATIVES TO THE SUGGESTED TREATMENT: These may include: (1) no treatment with the expectation of implants could not be placed. In this case my general dentist would need to perform an alternative method of tooth replacement.

RISK RELATED TO THE SUGGESTED TREATMENT: Risks related to periodontal flap surgery might include but are not limited to post-surgical infection, bleeding, swelling, pain, facial discoloration, transient, but on occasion permanent numbness or a muscle spasm. Risks related to the anesthetics might include but are not limited to allergic reactions, accidental swallowing of foreign matter, facial swelling or bruising, pain, soreness or discoloration at the site of injection of the anesthetics.

NO WARRANTY OR GUARANTEE: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed of bone. It is anticipated (hoped) that the surgery will provide benefit in improving this condition and produce healing which will enhance the possibility of placement of dental implants, but due to certainty of success. Therefore, there exists the risk of failure, relapse, selective retreatment, or worsening of my present condition, despite the best of care.

CONSENT TO UNFORSEEN CONDITIONS: During surgery, unforeseen conditions may be discovered which call for a modification or change from the anticipated surgery plan. These may include but are not limited to discontinuing the procedures prior to completion of all the surgery originally outlined. 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.

