Consent for Bone Grafting

What is a bone replacement graft and what are its benefits?
After a tooth is extracted a hole in the jaw remains. This is called a socket. If left to heal on its own the socket will regenerate bone and the gum tissue will rejoin to become whole. However, it will heal with osseous resorption. Osseous resorption is a loss in the original volume of bone. That leads to a narrower ridge. If a tooth replacement is planned (i.e. bridge or implant), a narrow ridge is not desirable. The artificial tooth will not set upon the gums as well leading to food getting trapped around or under it. Or, the ridge will not be wide enough to provide an adequate foundation to place a dental implant. A bone replacement graft inserted into the socket will provide "scaffolding" upon which the new bone can grow preventing the collapse of the socket. It can lead to a wider ridge and therefore a better result when placing an artificial tooth.
The graft material is freeze-dried bone obtained from a tissue/organ bank in the United States. The bone is from cadavers and meets all FDA regulations. It is a granular substance that once loaded in the socket is covered with a membrane and stitched closed. The membrane is removed after 6 weeks and the material is left to mature for 6-16 weeks.

What are the risks?
1. There is a small chance for an allergic reaction, getting hives or a rash.
2. The graft material is held in place with sutures, however there is a chance the graft could become dislodged.
3. Although the graft is meant to maintain ridge and bone volume, the site may still need augmentation for a final prosthetic tooth.

What are my alternatives?
You may choose to decline the graft. The socket will still heal. However, ridge deformity may ensue leading to a compromised prosthetic result. Other grafts exist, but our office only offers freeze dried bone. If a different graft is desired, a referral can be made to another office.

INFORMED CONSENT: I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Anesthetic: The use of local anesthetic is used for pain control during dental procedures. There are inherent risks and side effects. They include, but not limited to: swelling, bruising, soreness, elevated blood pressure or pulse, allergic reaction, and altered sensation that may lead to self-injury. Partial or complete numbness may linger after the dental appointment. In rare cases it can last for an extended time and potentially it can be permanent.
Medications: Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.
Guarantees: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.
Notifications: If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Confirmation of Medical History:

Y / N History of taking bisphosphonates (i.e. Boniva, Fosamax, Actonel, Reclast)
Y / N Radiation treatment to the head or neck area
Y / N Bleeding problems

Y / N Taking blood thinner medications
Y / N Taking daily aspirin
Y / N Taking anticoagulants (i.e. Coumadin, Plavix, Lovenox, Fragmin, Angiomax)
Y / N Predisposed to Asthma or Hives
Y / N Pregnant, recent pregnancy or nursing

Patient's name (please print) _____

Signature of patient/legal guardian_____

Date _____