

# Consent for grafting socket and ridge preservation with bone grafting material



Commonwealth  
Dentistry

You have the right to be informed about your condition and the recommended treatment plan. This disclosure is meant to provide information to help you understand the possible risks and complications of the treatment so you may decide to give or withhold your consent.

The procedure necessary to treat the condition has been explained to me as socket and ridge preservations with bone grafting. I have been informed that following extraction of a tooth, the loss of jaw bone height and width may result in 40%-60% loss of bone height and width within 2-3 years or sooner. I have been informed that it is important to maintain volume of bone for future implant placement of partial or full removable denture.

I understand that there are other forms of treatment or no treatment at all are choices. I have been informed of the risks of those choices that have been presented to me.

My doctor has explained to me that there are certain risks and side effects associated with my proposed bone grafting treatment and in this specific instance, they include but are not limited to:

- Post operative discomfort and swelling
- Bleeding that may require additional treatment
- Post operative infection that may adversely affect the new bone graft and require additional treatment.
- Failure of the graft to integrate with natural bone
- I understand that smoking, excess alcohol, or sugar may affect gum healing and may limit the success of the procedure. I agree to follow my doctors home care instruction. I agree to report to my doctor for regular examinations as recommended.

It is important to take any regular medications (high blood pressure, antibiotics, etc.) or any medications provided by your dentist, using only a small sip of water.

It has been explained that during the course of treatment unforeseen conditions may be revealed that require changes in the procedure noted in paragraph 2 above. I authorize my doctor and staff to use professional judgement to perform such additional procedures that are necessary and desirable to complete my surgery.

Following my discussions with the dentist, I have chosen to have bone grafting material placed in my extracted tooth bone socket.

It has been explained to me and I understand that results cannot be guaranteed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_