

INFORMED CONSENT FOR BONE GRAFTING PROCEDURES

Dr. _____ has explained to me the benefits and risks of tooth removal and/or bone augmentation/grafting procedures. I understand that bone grafting consists of my own bone, a synthetic material, mineralized/demineralized human bone or bone from another species. Dr. Kosinski has explained which material will be used in my particular case.

I understand and accept the treatment recommended for me. I further understand the possibility that complications may occur, some of which are listed below. No guarantees have been made or implied. If tooth extraction is required prior to bone grafting, I have read and understood the informed consent for that procedure. I understand that a bone grafting procedure may be necessary to prepare a particular intra-oral site for future dental implant procedures. All my questions have been addressed.

Proposed fees have been explained to me, as have any third party insurance benefits. I understand that third party benefits may be different than discussed, as they are not under the control of this office.

Treatment risks/unwanted consequences may be (but are not limited to):

- Reaction to medication/anesthetic
- Temporary or permanent numbness or tingling of the lip, chin, face, tongue and gums
- Post treatment bleeding
- Post treatment tissue swelling
- Sinus involvement which may require additional treatment
- Healing may be delayed and require additional treatment
- Sensitivity, pain

I read and understand the above information and the information verbally given to me concerning bone grafting procedures. By my signature (below) I consent to the treatment described in this paper.

Patient Signature _____ Date _____

Witness _____ Date _____