



# Crown Dental Studio

## CONSENT FOR EXTRACTION WITH INTRAORAL BONE GRAFTING

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialling.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

**Your diagnosis is:** \_\_\_\_\_  
\_\_\_\_\_

**Your planned treatment is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alternative treatment modes include:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whether an extraction procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. They include the following and others:

1. Swelling, bruising, and pain;
2. Possible infection that might need more treatment;
3. Changes in the bite or difficulty in opening the mouth because of stress on the jaw joint (TMJ) may happen;
4. Possible damage to other teeth close to the ones being taken out, (more often those with large fillings or caps), or other tissues of the face or mouth might be harmed;



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5. It is very rare that the bones of the jaw will break, but it is possible in cases where the teeth are buried very deep in their sockets;
6. Healing could take longer;
7. The place where the tooth was taken out could be very painful (dry socket);
8. I might have a reaction to a medicine or anaesthetic;
9. Sharp ridges or bone splinters may form later at or near where the tooth was taken out. These may need another surgery to smooth or remove;
10. The hole where the tooth had been might need more care, or small pieces of the tooth root might be left there to prevent damage to very important things like nerves, or a sinus (a hollow places above your upper back teeth);
11. Upper back teeth are often close to the sinus and sometimes the tooth or a pieces of root can get into the sinus and need more treatment. An opening may occur from the sinus into the mouth that may need more treatment;
12. The roots of the lower teeth might be very close to the sensory nerve and after the surgery, there might be pain or a numb feeling in the chin, lip, teeth cheek, gums, or tongue. It is possible that you might lose your sense of taste. This might last for weeks or months and can be permanent.

## **BONE GRAFTING PROCEDURE**

- a) The procedure of bone grafting involves taking a segment or segments or bone from an area and transferring it where there isn't enough bone support (usually for placing dental implants);
- b) I have been informed of alternative methods of treatment to bone grafting;
- c) The risks of those choices have been presented to me;
- d) My doctor has explained to me that unique risks to bone graft procedures include:
  - Injury or damage to the blood supply of teeth near the place where the graft came from or was put that might need root canal treatment of the injured tooth. You might even lose the tooth;
  - An infection that might badly affect the new bone graft and need more treatment;



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- Scarring where the cuts were made inside the mouth. The scarring might also be seen on the skin over the area where the cuts were made;
  - A bone infection (Osteomyelitis) may begin. This can last a long time and may need long-term antibiotic therapy and/or more surgical treatment;
  - Unexpected exposure of the screws, wires or mesh used to fix the bone graft requiring their loss or premature removal, and possible loss of the bone graft;
  - Injury to nerves that control the sensitivity in your face. This might result in numbness, tingling, pain, or other sensory disturbances in the chin, lip, cheek, face, teeth, gums or tongue. This can last for several weeks or months, or may be permanent;
  - The graft might not join together with the natural bone. There could be other reasons that the bone graft might be lost;
  - To add to the bone graft, natural pieces of donor bone, or other kinds of synthetic bone are often packed around the bone graft. These pieces might also lose their vitality and be lost. Sometimes this happens over some period of time;
  - Biologic or synthetic membranes or mesh are often used to contain and protect the graft. Some may need a second procedure to remove them; or some may be unexpectedly lost. If so, graft may be adversely affected;
  - This bone grafting procedure may involve more than one (1) stage.  
**Including:** Procedures to take and place the first graft; additional bone grafting procedures to add needed bone to the recipient site; procedures to remove various devices to attach the graft (screws, wires, mesh, membranes); and procedures for soft tissue augmentation. If planned, dental implants may be placed during an additional stage, or weeks or months of further healing may be needed before the bone graft is strong enough to place implants.
- e) I understand that I need to have the dental implant(s) put in when the graft is ready. If too much time passes, the bone graft may resorb (“melt away”) and there won’t be enough bone into which an implant can be placed;
- f) If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.



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## **ANAESTHESIA**

The anaesthetic I have chosen for my surgery is:

- Local Anaesthesia
- Nitrous Oxide/Oxygen Analgesia with Local Anaesthesia
- Oral Premedication with Local Anaesthesia
- Intravenous Sedation with Local Anaesthesia
- General Anaesthesia with Local Anaesthesia

**ANAESTHETIC RISKS** include: pain, swelling, bruising, infection of the vein area where the anaesthesia or sedation was given, numbness that lasts a long time and allergic reactions. You might have nausea and vomiting from the IV Sedation or General Anaesthesia, but this doesn't happen often. IV Sedation and General Anaesthesia are serious medical procedures. They are safe, but the rare risks of heart irregularities, heart attack, stroke, brain damage or death are present.

## **YOUR OBLIGATIONS FOR IV SEDATION OR GENERAL ANESTHESIA IS:**

1. Because anaesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours;
2. During recovery time you should not drive or operate complicated machinery or devices;
3. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC;**
4. However, it is important to take any regular medications (high blood pressure, antibiotics, etc.) or any medications directed by us, with only a small sip of water.

## **INFORMATION FOR FEMALE PATIENTS**

1. I have told my doctor that I use birth control pills. I have been told that the birth control pills might not work if I take them with some other medicines (like antibiotics) and I could become pregnant. I agree to consult with my own doctor to start some other type of birth control while I am being treated, and continue to use the other birth control until my doctor says I can stop it.
2. I have informed my doctor of my pregnancy status, and if I am receiving IV sedation or nitrous oxide, there is no chance that I am pregnant.



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**I UNDERSTAND THAT TREATMENT OF DENTAL CONDITIONS INCLUDES CERTAIN RISKS AND POSSIBLE UNSUCCESSFUL RESULTS, INCLUDING THE POSSIBILITY OF FAILURE. NO PROMISES OR GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE PROGRESSION OR RESULTS OF THE TREATMENT. BY SIGNING THIS FORM, I AM FREELY GIVING MY CONSENT TO ALLOW AND AUTHORIZE CROWN DENTAL AND/OR THEIR ASSOCIATES TO RENDER ANY TREATMENT NECESSARY OR ADVISABLE TO MY DENTAL CONDITIONS, INCLUDING ANY AND ALL ANAESTHETICS AND/OR MEDICATIONS. I CONFIRM THAT CROWN DENTAL STUDIO OR ANY OF ITS AFFILIATES SHALL NOT BE HELD LIABLE FOR ANY UNSUCCESSFUL RESULTS. I HAVE GIVEN A COMPLETE AND TRUTHFUL MEDICAL HISTORY, INCLUDING ALL MEDICINES, DRUG USE AND PREGNANCY.**

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.**

**I HEREBY CONSENT AND AGREE TO RECEIVE THE FOLLOWING ALTERNATE TREATMENTS IN THE EVENT OF THE DESIRED RESULTS NOT BEING ACHIEVED:**

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**PATIENT PARTICULARS:**

**FULL LEGAL NAME:** \_\_\_\_\_

**IDENTITY NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Accepted and Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

in the presence of the undersigned witnesses

\_\_\_\_\_  
**PATIENT NAME:**

**IDENTITY NUMBER:**

**CONTACT NUMBER:**

**EMAIL ADDRESS:**

**Witnesses:**

1. \_\_\_\_\_

NAME:

CONTACT NUMBER:

2. \_\_\_\_\_

NAME:

CONTACT NUMBER: