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### ***Consent for Bone Grafting***

I have been advised that specific oral/dental conditions are present that require placement of a bone graft. The graft will:

1. \_\_\_\_\_ Augment the volume of bone at the floor of the \_\_\_\_\_ maxillary sinus(s)
2. \_\_\_\_\_ Augment the volume of bone of the jaw ridge in the following location(s):  
\_\_\_\_\_
3. \_\_\_\_\_ Replace the volume of bone lost in the process of dental extraction \_\_\_\_\_
4. I understand that the graft will be obtained from:  
\_\_\_\_\_
5. I understand that the graft is required for:  
\_\_\_\_\_

I have been advised that there will be a variable amount of postoperative pain/discomfort and swelling following the harvest and placement of the bone graft. I understand that my diet and activities will need to be modified in accordance with recommendations from Dr. Cary and staff. I also understand that dentures usually cannot be worn during the first one to two weeks following surgery, and that alterations to my existing denture(s) may be needed during the healing phase and thereafter. Patient Initials: \_\_\_\_\_

I understand that not all patients respond successfully to bone grafting surgery. A graft may be lost due to infection or progressive bone loss over time. Secondary surgical procedures may be required for maintenance of the bone graft or the tissues supporting or overlying it over time. Patient Initials: \_\_\_\_\_

Complications may result from the harvest and/or placement of bone grafts. These complications are either temporary or may be permanent. These complications include, but are not strictly limited to: infection, bleeding, pain and swelling, bruising, transient or permanent loss of or change in feeling in the lip, chin, tongue, cheek, nose, gums and/or remaining teeth, damage to adjacent teeth, bone fracture, nasal or sinus perforation, jaw

joint problems, restricted jaw movement, esthetic changes in the appearance of gum tissues, and other less foreseeable complications. Patient Initials: \_\_\_\_\_

Dr Cary has discussed alternatives to treatment with bone grafts with me. I understand my treatment alternatives and give my consent to undergo bone grafting as described above. Patient Initials: \_\_\_\_\_

I understand and acknowledge that no guarantee, warranty or assurance has been given to me regarding treatment success. Due to individual patient considerations, Dr. Cary cannot *guarantee* a successful outcome. There exists the risk of failure at any time in the future, and additional treatment may be required. Patient Initials: \_\_\_\_\_

I acknowledge that I have been fully informed of the nature of my condition and the indications for the use of bone grafts in my treatment. This procedure, its attendant risks and benefits, the anticipated healing period and the necessity for long term and careful follow-up has been explained. I understand my alternatives in treatment. I have read this document completely, have had my questions answered to my satisfaction, and do hereby give my consent for bone grafting surgery as presented by Dr. Cary. Patient Initials: \_\_\_\_\_

Patient Name: (printed) \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_  
(patient is a minor or is legally incompetent to give consent)

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

Doctor Signature: \_\_\_\_\_

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