

INFORMED CONSENT DISCUSSION FOR BONE GRAFTING AND/OR PERIODONTAL REGENERATION

Patient name: _____ Date: _____

Proposed Treatment: _____

Facts for Consideration:

Patient's initials

_____ I have been informed that I have periodontal (gum and bone) or dental problems and/or disease that should be surgically treated.

_____ I have been informed that I may benefit from the use of bone grafting or other regenerative materials and techniques for periodontal regeneration to either treat my current condition or prepare areas in my mouth for future treatment. I understand that these materials are used to treat current bone and soft tissue irregularities and/or in anticipation of future procedures.

_____ After anesthetics by injection have numbed the area to be treated, the gum is reflected (incised surgically) to expose the roots of the teeth, which are then cleaned and smoothed. Antibiotics and/or other chemicals may be applied to the roots to decontaminate them before the graft material is placed in the area(s).

_____ I have been advised that bone grafting or other regenerative products may be utilized in areas of my mouth associated with gum pocketing, recession, and current or past extraction sites. It has also been explained to me that this procedure may involve the surgical grafting of bone by removing a piece(s) of bone from another area of my body, requiring another surgical site, or using a commercial source from another human, animal, or synthetic source. The regenerative material may be used in a block form over a large area or in particulate form for smaller areas. I acknowledge that I had an opportunity to discuss these options and my choice with Dr. Temlock before consenting to this treatment, procedure or surgery.

Benefits of Bone Grafting and/or Regenerative Surgery, Not Limited to the Following:

_____ The goal of bone grafting and/or regenerative surgery is to "grow" bone. This may be done around natural teeth, areas without teeth, or dental implants. This procedure may or may not be in conjunction with other procedures on the same day. This may be necessary for possible dental implant placement either at the same time as this surgery or a later date. Additionally, the purpose of this surgery may be to help build a restorable jaw ridge for better esthetics, form, or function for other reasons.

Risks of Bone Grafting and/or Regenerative Surgery, Not Limited to the Following:

_____ I understand that there may be post-operative bleeding, swelling, pain, infection, facial discoloration, temporary or, on occasion, permanent tooth sensitivity to hot, cold, sweet, or other liquids/foods. A temporary or permanent numbing of the surgical area may occur affecting my teeth, lips, skin, chin and tongue which can possibly affect my sense of taste. I understand that I may see changes in the appearance of my gums. They may be in a different position on the roots or there may be spaces between the teeth that are larger. I also understand that there may be a need for a additional procedures if the initial surgery is not entirely successful.

_____ I understand that I will receive a local anesthetic by injection and/or other medication(s). In rare instances, patients have a reaction to the anesthetic, which may require emergency medical attention or find that it reduces their ability to control swallowing. This increases

the chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury occurs resulting in loss of feeling of the teeth, chin, skin, lips, gums, or tongue. Additionally, partial loss of taste can result from an injection.

_____ I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore, and it may make it difficult for me to open wide for several days. This can occasionally be an indication of a further problem. I must notify Dr. Temlock if this or other jaw function concerns arise.

_____ I understand that all medications have the potential for side effects, unintended reactions, and drug interactions. Therefore, it is critical that I tell Dr. Temlock of all medications I am currently taking. If there have been any changes in my medications or medical history, I understand that I must tell Dr. Temlock directly and immediately.

_____ I understand that smoking, using tobacco products, and alcohol intake affect my ability to have normal gum and/or bone healing and may limit the potential for a successful outcome of my surgery. I agree to follow Dr. Temlock's instructions related to daily care of my mouth, teeth and gums.

Alternatives to Suggested Treatment:

_____ I understand that alternatives to bone grafting and/or regenerative surgery include, but are not limited to, (1) no treatment, (2) non-surgical scaling and root planning (scraping the teeth roots and lining of the gums), with or without medication, in an attempt further to reduce bacteria and/or calculus under the gum tissues, and (3) surgery without the use of bone grafting or regenerative materials. Other alternatives include tooth removal with possible replacement. I understand that there may be consequences to not attempting recommended treatment, which can result in continued disease progression, infection, and loss of teeth or dental implant(s).

_____ I discussed alternative treatments including, but not limited to, those listed above with Dr. Temlock.

Check only one of the boxes below that applies to you:

- I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above. I understand that no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

- I refuse to give my consent for the proposed treatment as described above and understand the potential consequences associated with this refusal.

Patient's or Patient's Representative's Signature

Date

I attest that I have discussed the risks, benefits, consequences, treatment options, and alternatives to bone grafting and periodontal regeneration with my patient. My patient had the opportunity to discuss these topics and ask questions, and I believe my patient understands what has been explained.

Dr. Temlock's Signature

Date