

CONSENT FOR BONE GRAFTING

I, _____, hereby authorize and request Dr. _____ and any other agent or employees of and such assistants as may be selected by him to perform corrective surgery on my jaw. The operation is planned to implant a bone substitute material into the jaw in the hope that new bone will be incorporated into the material so that an implant(s) might be placed. A second procedure will be needed to place the implant(s). It is hoped that the implants will become stable and act as anchors for fixed or fixed detachable bridges or dentures. Dr. _____ has explained that if the new bone does not incorporate into the material that alternative prosthetic measures will have to be considered.

Dr. _____ has explained and described the operation to my satisfaction. It is understood that although good results are expected no guarantee that it will last for any specific period of time can be or has been given.

I have been informed and understand that occasionally there are complications of surgery, drugs and anesthesia, including, but not limited to:

- 1 Pain, swelling and postoperative discoloration of face, neck and mouth.
- 2 Numbness and tingling of the upper lip, chin, gums, teeth check and palate, which may be transient, but may be permanent.
- 3 Infection of the bone that might require further treatment, including hospitalization and surgery.
- 4 Malunion, delayed union or non-union of the synthetic bone replacement material to normal bone, or lack of adequate bone growth into the synthetic material.
- 5 Bleeding which may require blood transfusions or other extraordinary means to control.
- 6 Limitation of jaw function.
- 7 Stiffness of facial and jaw muscles.
- 8 Injury to the teeth.
- 9 Referred pain to the ear, neck and head.
- 10 Postoperative complications involving the sinuses, nasal cavity, sense of smell, infraorbital regions, and altered sensations of the upper cheek and eyes.
- 11 Postoperative unfavorable reactions to drugs, such as nausea, vomiting and allergy.
- 12 Possible loss of teeth and bone segments.
- 13 Possible bruising and/or discoloration of the face, usually of a temporary nature.

I further understand that I am to refrain from the use of alcohol or non-prescribed drugs during the treatment period. If sedation or general anesthesia is used I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.

I understand that Dr. _____ will give his best professional care toward accomplishment of the desired results. I understand that I can ask for recital of all possible risks attendant to phases of my care at any time. I have discussed this consent form with Dr. _____ and I further understand that I am free to withdraw from treatment at any time.

I understand that Dr. _____ is doing this surgery as part of "Bone Grafting in Dental Implantology Course" conducted by Aesthetic Reconstructive Jaw Surgery Pte Ltd and that he will be operating under the supervision of experienced surgeon(s). I consent to being a patient in this training program and to co-management by the supervising surgeon.

I also give permission for persons other than the doctors involved in my care and treatment to observe this operation and I consent to photography, filming, recording and x-rays of the procedure to be performed for the purposes of teaching and research, provided my identity is not revealed. I understand this consent form and I request Dr. _____ to perform the surgery discussed.

I CERTIFY THAT I HAVE HAD AN OPPRORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE CONSENT AND THE EXPLANATIONS REFERRED TO OR MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY WERE STRICKEN BEFORE I SIGNED. I ALSO STATE I READ AND WRITE ENGLISH.

Dentist Signature

Patient Signature

Witness Signature

Witness Signature

Parent or Guardian, if Patient is a Minor Date: