

# ASSOCIATED ORAL & MAXILLOFACIAL SURGEONS

John J. Otten, M.D.,D.D.S. Larry D. Otte, D.M.D. Nathan D. Schroeder, D.M.D.,M.S.  
Dan W. Kaspar, D.D.S., M.S. Robert J. Busch, D.M.D., M.D.

## Consent for Bone Grafting Procedure

Page 1 of 2

\*Please read each paragraph. If you have any questions, please ask your doctor BEFORE signing.

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

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

I have been informed by Dr. \_\_\_\_\_ of my current condition and recommendation for treatment which includes \_\_\_\_\_. I also understand that a separate procedure to obtain for grafting is intended to remove portions of bone from my \_\_\_\_\_ and place it in the area to be treated.

In addition to the risks of the primary surgical procedure which have been explained to me separately, I understand that bone grafting itself involves specific risks. My doctor has explained to me that such risks include, but are not limited to, the following:

### GENERAL RISKS

1. Bleeding, swelling, infection, scarring, pain, and numbness or altered sensation (possibly permanent) at the donor site which may require further treatment.
2. Allergic or other adverse reaction to the drugs used during or after the procedure.
3. The need for additional or more extensive procedures in order to obtain sufficient bone.
4. Rejection of bone particles from donor or recipient sites for some time after surgery.
5. Rejection of the bone graft.

### RISK AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

1. Damage to adjacent teeth which may require future root canal procedures, or may cause loss of those teeth.
2. Removal of adult teeth in order to obtain sufficient bone material.
3. Injury to sensory nerves in the area (undetectable by any exact means) that may result in pain, numbness, tingling or other sensory disturbances in the chin, lip, cheek, gums, or tongue (including possible loss of taste sensation), and which may persist for several weeks or months, or in rare cases, may be permanent.
4. Penetration of the sinus or nasal cavity in the upper jaw which could result in infection or other complication requiring additional drug or surgical treatment.

# ASSOCIATED ORAL & MAXILLOFACIAL SURGEONS

John J. Otten, M.D.,D.D.S. Larry D. Otte, D.M.D. Nathan D. Schroeder, D.M.D.,M.S.  
Dan W. Kaspar, D.D.S., M.S. Robert J. Busch, D.M.D., M.D.

## Consent for Bone Grafting Procedure

Page 2 of 2

### **BANKED BONE (freeze-dried, lyophilized, demineralized, xenografts) OR BONE SUBSTITUTES**

On occasion, additional donated, processed bone or artificial bone substitutes are used to supplement the patient's bone, or to spare an extensive graft harvesting procedure. If used, such materials may have separate risks including, but not limited to:

1. Rejection of the donated or artificial graft material.
2. The remote chance of viral or bacterial disease transmission from processed bone.

I understand that in my grafting procedure, the use of \_\_\_\_\_ bone is expected to be taken from \_\_\_\_\_ plus \_\_\_\_\_.

I consent to the photographing or televising of the operation or procedures to be performed including appropriate portions of my mouth and face for medical, scientific, or education purposes. I understand that this material may or may not become a part of my permanent medical record.

I acknowledge that the above has been explained to my satisfaction, my questions have been answered, and I understand the risks of bone grafting. I am fully aware that a perfect result cannot be guaranteed or warranted.

click hereto digitally sign this document

click hereto digitally sign this document

Patient's (or Legal Guardian's) Signature

Date

click hereto digitally sign this document

click hereto digitally sign this document

Witness' Signature

Date

click hereto digitally sign this document

click hereto digitally sign this document

Doctor's Signature

Date