



# Open and Affordable Dental and Braces®

## CONSENT FOR RIDGE AUGMENTATION SURGERY

Patient's Name: \_\_\_\_\_

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

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.

My condition has been explained to me as  Missing tooth

The procedure proposed to treat this condition is termed "ridge augmentation" and is an effort to improve ridge form in order to support, or help stabilize a denture, dental implant or bridge.

**TREATMENT:** Augmentation is done by putting bone or bone substitute materials through a cut or cuts (incision) in the gum and into a space under the gum tissue and on the top of the bony ridge that is not big enough to support a denture. After it has healed enough, a new denture, bridge or implant may be placed, or the old appliance may be modified. During the healing phase, the old denture can often be modified and worn, although a very restricted diet is required. Rarely, the old appliance cannot be worn at all during healing. Sometimes, a second procedure called a "vestibuloplasty" (to gain more gum surface) might be needed along with the augmentation procedure to obtain the best possible result for the new appliance.

- \_\_\_\_\_ 1. I have been informed of possible alternate methods of treatment (if any) including continuing to wear the denture or appliance. I now have; remake my present appliance to try to make it fit better; have a surgical procedure to relocate muscle attachments to try to make the ridge bigger to support the denture or appliance, or to surgically put in implants to support my present appliance.
- \_\_\_\_\_ 2. All surgeries have some risks. They include the following and others:
- \_\_\_\_\_ A. Implants placed in lower jaw might injure the nerve that gives feeling to the face. After the surgery, there might be pain or a numb feeling in my chin, lip, cheek, gums, teeth or tongue. It is possible that I might lose my sense of taste. This might last for weeks or months. It can be permanent, but this rarely happens.
  - \_\_\_\_\_ B. Post-operative swelling and discomfort and some difficulty chewing and swallowing for a time.
  - \_\_\_\_\_ C. Bleeding that is heavy or lasts for a long time that might need more treatment.
  - \_\_\_\_\_ D. Artificial grafting material may settle somewhat with use and some of the newly-gained ridge form may be lost. Grafted bone may also gradually decrease in height and form over time.
  - \_\_\_\_\_ E. Occasionally, grafted material will move into surrounding tissues and need more treatment. Although it is rare, graft material might press against nerve structures and cause enough discomfort that I might need to have some or all the graft removed.
  - \_\_\_\_\_ F. Allergic reactions (previously unknown) to any medications or materials used in treatment.
  - \_\_\_\_\_ G. Injury or damage to teeth or roots of teeth that are nearby the place of the implant. The injured tooth/teeth might need root canal treatment or may be lost.
  - \_\_\_\_\_ H. The jaw (or thin portions of it) may break and need more surgical treatment for repair.
  - \_\_\_\_\_ I. An infection after the procedure that might need more treatment or cause loss of the implant.

### INFORMATION FOR FEMALE PATIENTS

- \_\_\_\_\_ 3. I have told my doctor that I use birth control pills. My doctor has told me that some antibiotics and other medications may reduce the preventive effect of birth control pills, and I could conceive and become pregnant. I agree to discuss with my personal doctor using other forms of birth control during my treatment, and to continue those methods until my personal doctor says that I can stop them and use only oral birth control pills.

### CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery and chosen anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_