



## CHAIRSIDE IMPLANT SERVICES

*We Come To You...Chairside!*

631-581-5121

# INFORMED CONSENT FOR RIDGE AUGMENTATION PAGE 1 OF 2

- I have been informed and I understand the purpose and nature of the ridge augmentation procedure.
- I have been explained the differences between the types of bone particles or blocks available for this treatment, including xenografts, allografts and Autogenous grafts. I consent to the use of these materials as per my doctor's judgement.
- My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help secure the replaced missing teeth and realize a ridge augmentation is necessary for implant placement.
- I have further been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, cheek or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing. Allergic reactions to drugs or medications used, etc.
- I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, supraeruption of opposing teeth, looseness of teeth, followed by necessity of extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pain to the back of the neck and facial muscles, and tired muscles when chewing.
- My doctor has explained that the bone maturation process takes approximately six months before implants can be placed.
- It has been explained that in some instances bone grafts fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurances as to the outcome of results of treatment or surgery.
- I understand that excessive smoking, alcohol or sugar may effect the gum healing and may limit the success of the implant. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.
- I agree to the type of anesthesia, depending upon my doctor's choice.
- To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
- I consent to photography, filming, recording and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.

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Doctor, Signature & Date

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Patient, Signature & Date

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Witness, Signature & Date



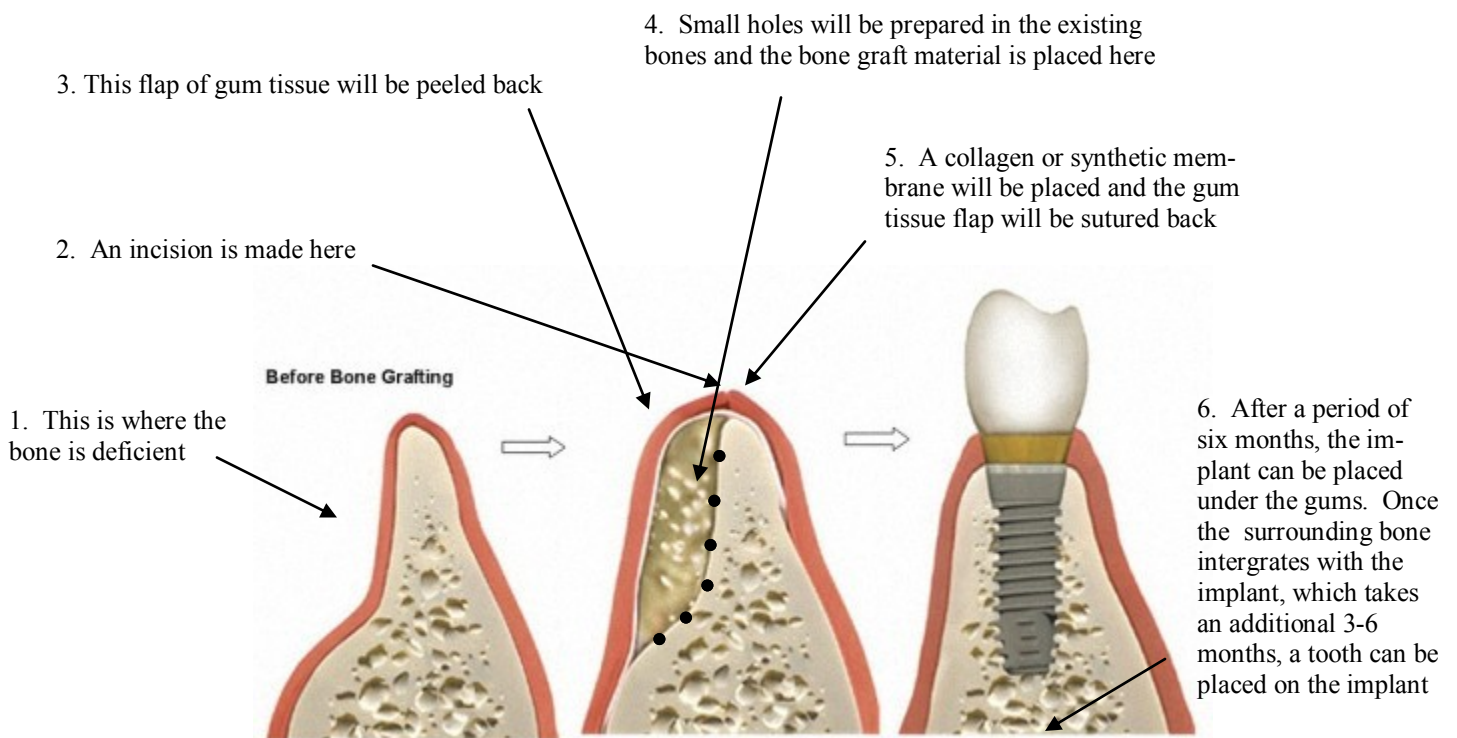
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# INFORMED CONSENT FOR RIDGE AUGMENTATION PAGE 2 OF 2

- I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during, and following the contemplated procedure, surgery or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modifications in design, material, or care, if it is felt this is for my best interest.



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Doctor, Signature & Date

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Patient, Signature & Date

\_\_\_\_\_  
Witness, Signature & Date