Centre dentaire
de La Rive

• **Allogeneic Graft** – The graft comes from another human, it has been treated and tested negative for known transmissible diseases. The grafts are sourced from a bank approved by the Canadian government.

• **Donor**	• **Recipient**
• Dehydrated Freeze-Dried Bone (D.F.D.B)	• Upper Jaw
• Freeze-Dried Bone	• Lower Jaw
• Alloderm	• Edentulous Region
	• Sinus

• **Alloplastic Graft** – Placement of synthetic bone or membranes.

• **Donor**	• **Recipient**
• **Dense HA (Hydroxyapatite)**	• Upper Jaw
• **Resorbable HA (Hydroxyapatite)**	• Lower Jaw
• **Collagen Membrane**	• Edentulous Region
• **Other**	• Sinus

Implant Procedure:

• If I agree to undergo the sedation suggested by my dentist, I commit to not using a motor vehicle or any other potentially dangerous equipment for a minimum of 24 hours, or until the effects of the sedatives and/or medications have completely worn off.

• To the best of my knowledge, I have provided a complete medical report of my physical and mental health. I have also mentioned any possibility of allergies or unusual reactions to medications and anesthetics, as well as any abnormal reactions of the gums, skin, any unusual bleeding, or any health-related condition.

• I fully understand that during and after the surgery or treatment, certain conditions may arise, requiring additional procedures. These additional or alternative treatments may be critical to the success of the treatment. I also approve any modification in the treatment plan if it is in my best interest.

Patient's (guardian's) signature: _____ Date: _____

Witness's signature: _____ Date: _____

Doctor's signature: _____ Date: _____

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1. **I have been informed and understand the nature of the bone graft surgical procedure.** I understand what is necessary to place a bone graft under the gum, in the bone, or on the bone.

2. **My dentist has examined my mouth, and all alternatives to this treatment have been explained to me.** I have chosen to proceed with the bone graft in order to replace the missing tooth/teeth.

3. **I have been informed of the risks and complications associated with the surgery, medications, and local anesthesia.** These complications include: pain, swelling, infection, temporary skin discoloration. Numbness of the lip, tongue, chin, cheek, and teeth, with or without pain, may occur for an undetermined period and could be irreversible. There is also the possibility of damage to a tooth, bone fracture, penetration of the maxillary sinus, delayed healing, and allergic reactions to medications.

4. **I understand that if I decide not to undergo any treatment, the following complications may develop:** bone disease, loss of the bone foundation, periodontal disease, tissue inflammation, infection, dental sensitivity, and mobility, which could require extraction. Also possible are problems with the temporomandibular joint, headaches, neck and back pain, facial neuralgia, and muscle fatigue when chewing, leading to a loss of chewing efficiency. Additionally, I am aware that if no treatment is done, it may become impossible to perform a bone graft or place an implant at a later date due to changes in my oral or medical condition.

5. **My dentist has explained to me that there is no reliable method to predict with accuracy the healing of the gums and bone after the placement of a bone graft.** It was explained to me that during the bone healing process, the bone remodels, and there is no method to predict the final bone volume, so a subsequent bone graft may be necessary. I am aware that each patient heals differently after a bone graft, and my dentist cannot predict with certainty the success of the procedure. An additional graft may be needed to obtain adequate bone volume.

6. **I have been informed that in the case of failure (non-adherence or rejection of the graft), the graft may need to be removed, or the site may require a second surgical procedure.** If the bone graft procedure does not work, implant placement will not be possible, and I will need to consider other dental replacement alternatives. I am aware that there are risks that could lead to failure of the bone graft, which might require corrective surgery, either by removing the graft or performing other corrective surgery.

7. **I understand that tobacco use, alcohol, or uncontrolled blood sugar levels can affect the success of the graft.** I will follow my dentist's post-operative instructions and attend follow-up visits for checkups and cleanings as recommended.

8. **I consent to the following procedures:**

• **Autograft (from you to you)**–

Donor Site	Recipient Site
• Chin	• Upper Jaw
• Edentulous Region	• Lower Jaw
• Maxillary Tuberosity (upper posterior)	• Edentulous Region
• Ascending Branch (lower posterior)	• Sinus