



Centre dentaire
de La Rive

Informed Consent for Bone Grafting
Ridge Preservation for Implant Placement

1. 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 or teeth. We are using a collagen bone graft technique sourced from pigs as bone regeneration.
2. I have been informed of the risks and complications associated with the surgery, medications, and local anesthesia. These complications may include:
 - Pain
 - Swelling
 - Infection
 - Temporary skin discoloration
 - Delayed healing
 - Allergic reaction to medications
 - Possible damage to a tooth
 - Bone fracture
 - Perforation of the maxillary sinus
 - Numbness in the lip, tongue, chin, cheek, and teeth
 - Numbness may or may not be accompanied by pain for an undetermined period, and it may be irreversible.
3. I understand that the use of tobacco, alcohol, or uncontrolled blood sugar may affect the success of the graft. I will follow my dentist's post-operative instructions and attend follow-up visits and cleaning examinations as recommended. I will take all prescribed medications.
4. I must not wear any partial or full dentures after the bone graft except for a temporary shell that will not put any pressure on the grafted area.
5. I have been informed and understand the nature of the surgical procedure for a bone graft. I understand what is necessary to place a bone graft under the gum into the bone.

Patient's Signature: _____ Date: _____

Dentist's Signature: _____ Date: _____