

Consent for Bone Grafting/Augmentation Surgery

I authorize Dr. Kim to perform a bone grafting procedure after an extraction or bone development procedure to augment the amount of deficient bone in preparation for the placement of a dental implant.

I understand that without this procedure, placement of the dental implant(s) is compromised or is impossible.

Dr. Kim has explained the risks and complications associated with the procedure such as: pain, discomfort, swelling, excessive bleeding, injury to adjacent or opposing teeth, postoperative infection, muscle soreness, lip cracking, gum lacerations, bruising, limited mouth opening, injury to the nerve that may result in temporary or permanent altered sensation or numbness.

I understand that the graft may not “take” and therefore must be removed and the procedure must be repeated at a later time. There is never a guarantee that the graft will always integrate.

Dr. Kim has explained the materials and methods used in this procedure and I allow Dr. Kim to use those in the best interest of my case.

I understand that during the course of the procedure, unforeseen conditions may be revealed which will necessitate additional procedures to obtain a favorable outcome. In some cases, it may not be possible to continue with the procedure. I authorize Dr. Kim and her staff to perform any additional procedures deemed necessary based on his professional judgment and surgical conditions.

I consent to being given local anesthesia for this procedure.

I understand that smoking/tobacco/drug/alcohol use or high blood sugar may impair healing and thus may cause the graft to fail.

I am not taking any blood thinning medications or any medications that are used to treat osteoporosis.

Dr. Kim has advised me of alternatives to treatment including doing nothing for the area(s) to be treated and has also advised me of the risks and benefits of those alternatives.

Dr. Kim has given me post operative instructions as well as medications with instructions for their use. I understand these instructions.

Any questions have been discussed with Dr. Kim.

Signature: _____

Date: _____