

**DI FRANCO PERIODONTICS**

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**Bone Graft Consent**

*Specially treated human bone from tissue banks has been judged as an appropriate material for use in the procedure prescribed for the treatment of the diminished periodontal support on the \_\_\_\_\_ aspects of tooth/teeth #(s) \_\_\_\_\_.*

*This material has been collected from cadaveric and surgical sources by techniques approved by the American Association of Tissue Banks. The material has been tested for the Human Immunovirus (HIV) and other viruses and bacteria by the most sophisticated and reliable methods available today. These techniques effectively rule out the transmission of the infectious diseases in the use of the bone augmentation material which we propose to use in your case. If you choose to accept the use of this material, please sign below.*

I have read the above description of human bone from tissue banks and understand it completely. Dr. DiFranco has answered all questions that I may have had in regard to its source and safety, as well as the potential that may be derived from its use. Dr. DiFranco has also explained the alternatives to the use of human bone from tissue banks in the treatment of the diminished periodontal support on the aspects of tooth/teeth #(s) \_\_\_\_\_.

I, \_\_\_\_\_, agree to the use of the human bone from tissue banks, described above, in the augmentation procedure of the diminished periodontal support on the \_\_\_\_\_ aspects of tooth/teeth #(s) \_\_\_\_\_.

Patient's Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Witness: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I have reviewed this procedure with \_\_\_\_\_ and I am confident that he/she has been appropriately informed about the use of bone augmentation material above.

Dentist's Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_