DI FRANCO PERIODONTICS

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CONSENT FOR SINUS AUGMENTATION BONE REGENERATIVE SURGERY

Diagnosis: After a careful examination and study of my dental condition, I have been advised that I have bone loss where I have missing teeth, which prevents placement of dental implants.

Recommended Treatment: In order to treat this condition, it has been recommended that my treatment include bone regenerative (sinus augmentation) surgery. During this procedure, bone graft material will be placed where there is bone loss in the floor of the maxillary sinus. Graft materials may include my own bone, animal bone material (cow or pig) or bone obtained from tissue banks (human donors). Collagen membranes made from the Achilles tendons of animals (cow or pig) will be used. I understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may include, but are not limited to, 1) placing the dental implants(s) at the same time as the bone regeneration surgery, or 2) termination of the procedure prior to completion of all of the surgery originally outlined. When the sinus lining is thin it may tear, requiring that grafting be completed at a separate surgical appointment.

Expected benefits: The purpose of sinus augmentation bone regeneration surgery is to "grow" bone back to allow dental implant placement either at the same time as this surgery, or 6-9 months later.

Principal Risks and Complications: I understand that some patients do not respond successfully to bone regenerative procedures. The procedure may not be successful in allowing a dental implant to be placed. Potential complications include, but are not limited to: post-surgical infection, bleeding, swelling, pain, facial bruising. The success of oral surgery and dental implant procedures can be affected by medical conditions, smoking, excessive alcohol consumption, snuff and chewing tobacco, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking.

Alternatives to suggested Treatment: I understand that alternatives to sinus augmentation surgery may include: 1) no treatment; 2) dental bridgework, or 3) partial/complete dentures.

I have been informed of the nature of the sinus augmentation oral surgery, the procedure to be utilized, the risks and benefits of this surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment. After thorough deliberation, I hereby consent to the performance of the oral surgery as presented to me during consultation as described above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. _____.

_____		_____	
Signature of Doctor	Date	Signature of Patient	Date
_____		_____	
Witness	Date	Legal Guardian (if applicable)	Date