

\_\_\_\_\_  
Patient Name

## **Information Sheet for Extraction and Bone Graft in Preparation for Dental Implants**

**1. What is informed consent:** It is very important for you to understand your disease and the necessary procedures that you will undergo in treating your condition. We want you to be aware of all the advantages and disadvantages of each procedure as well as alternatives. This document in no way obligates you to any treatment. It is meant solely to inform. We hope it will answer your questions or generate new ones which we will be glad to discuss with you.

**2. Why do I need my tooth removed?** There are many reasons that require a tooth to be removed. Untreatable pain, bone loss or decay are some of them. In your particular case, the extraction(s) is (are) necessary because:

- |            |                |   |
|------------|----------------|---|
| •bone loss | •nonrestorable | •to improve prognosis of adjacent teeth |
| •pain      | •malposition   | •infection                              |
| •decay     | •impaction     | •root canal failure                     |
| •fracture  | •mobility      | •other _____                            |

**3. Why do I need a bone graft?** Removal of the tooth leaves a socket that may not heal properly to allow the placement of the implant. A graft allows the socket to heal with the intention of preserving the bone.

**4. Will it hurt?** No. Your tooth and gum will be numbed before the extraction. You will feel pressure during the procedure, but you will not feel pain. If you feel anything more than pressure, let the doctor know immediately.

There is potential for discomfort after the procedure. We may give you a prescription if your condition warrants.

**5. Are there risks to surgery?** Complications from tooth removal are not common and some are extremely rare. Possible problems which could arise are listed below.

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|---|-----------------------------------|
| •bleeding which may be difficult to control         | •dry socket                       |
| •pain and swelling                                  | •infection                        |
| •damage to adjacent teeth or restorations           | •bruising                         |
| •nerve damage(partial or complete numbness or pain) | •damage to the bone, ridge or jaw |
| •allergy to medication or anesthetic                | •anesthetic complications         |

**6. Implant placement.** After the removal of the tooth and placement of the graft, a minimum of 4 months of healing is required before dental implant placement. A bone graft may start losing benefit after a period of time. Some patients can still benefit one year after grafts while others may have a significantly shorter time. This can be evaluated by clinical exam and x-ray.

**7. Graft materials** Most of the materials used are sterilized bovine (cow) bone. Sometimes there is indication to use material that comes from human sources. We will discuss with you the choice of materials.

**8. Complications:** Sometimes immediately after removal of the tooth, more bone loss becomes evident. Most typically, bone is found missing resulting in a socket that will not heal properly even with a socket graft. In these cases, a resorbable membrane (typically made from collagen) is used to “guide” the growth of bone. If a membrane is needed, you will be charged for the membrane.

In more complex cases of bone loss associated with a tooth extraction, more advanced secondary procedures may be required. These procedures would be done a future date, typically 4-6 weeks latter. These include advanced grafting such as sinus grafts, block grafts of GBR (guided bone regeneration procedures). If these conditions become evident, we will discuss the options in detail including costs.

With all surgical procedures, complications beyond what has been listed can occur that are unforeseen, complex and serious. These situations may require the referral to other health professionals and may require hospitalization

**9. Conclusion:** I have been fully informed of the nature of periodontal therapy, the procedures to be utilized, the risks and benefits, the alternatives 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 and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of therapy as presented to me during consultation and in the treatment plan presentation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

**10. Additional comments:**

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*I certify that I have read and fully understand this document.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Witness