



Northeast Dental Group

'A Dental Destination Location'

7770 Frontage Rd #7341 Cicero, NY 13039

CONSENT FOR SOFT TISSUE GRAFT

Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

Your pre-operative diagnosis is: _____

A final diagnosis will be based on the histopathology report.

Your Planned Treatment is: _____

Alternative treatment: methods include: _____

The donor site (area from which tissue will be removed) is: _____

The area that will receive the graft is: _____

All surgeries have some risks. They include the following and others:

- ____ 1. Bleeding, swelling, bruising, infection and pain.
- ____ 2. Failure of the graft and need for a secondary procedure.
- ____ 3. Continued problems with the tooth, teeth, implant(s) potentially resulting in need for removal of the tooth or implant(s).
- ____ 4. Stretching of the corners of the mouth that may lead to cracking or bruising.
- ____ 5. Possible infection that might need more treatment.
- ____ 6. Numbness, pain, or changed feelings in the teeth, gums, lip, chin and/or tongue (including possible loss of taste). This is due to the closeness of the surgical sites (donor and graft receiving areas) to the nerves which can be injured or damaged. Usually the numbness or pain goes away, but in some cases, it may be permanent.

- ____7. Bleeding and/or oozing can occur for several hours after surgery. Serious bleeding is uncommon, but can occur and may require further treatment to control.
- ____8. Dressings – Sometimes a dressing is placed to cover the area receiving the graft. If the dressing comes off before the area is healed, the chances are greater that the graft will not permanently attach to the bone. It is very important that I follow exactly the diet and activities given to me. If the dressing becomes loose or becomes unattached I need to notify the office.

INFORMATION FOR FEMALE PATIENTS

- ____9. I have told my doctor that I use birth control pills. My doctor has told me that some antibiotics and other medications may reduce the preventive effect of birth control pills, and I could conceive and become pregnant. I agree to discuss with my personal doctor using other forms of birth control during my treatment, and to continue those methods until my personal doctor says that I can stop them and use only oral birth control pills.

ANESTHESIA

I have had the opportunity to speak with Dr. _____ about my options for anesthesia. These options include Local Anesthesia, Nitrous Oxide/Oxygen Analgesia with Local Anesthesia, Oral Medication with Local Anesthesia, Intravenous Sedation, or Deep Sedation/General Anesthesia. After this discussion, I have chosen to have _____ as my anesthesia. I understand the risks and potential complications of anesthesia to include:

- ____10. Discomfort, swelling or bruising where the drugs are placed into a vein.
- ____11. Vein irritation, called phlebitis, where the drugs are placed into a vein. Sometimes this may grow to a level of discomfort or disability where it may be difficult to move my arm or hand. Sometimes medication or other treatment may be needed.
- ____12. Nerves travel next to the blood vessels where the drugs are placed into a vein. If the needle hits a nerve or if drugs or fluid leaks out of the vessel around a nerve, I may have numbness or pain in the nerve where it runs along the arm. Usually the numbness or pain goes away, but in some cases, it may be permanent.
- ____13. Allergic reactions (previously unknown) to any of the medications used.
- ____14. Nausea and vomiting, although not common, are possible unfortunate side effects. Bed rest, and sometimes medications, may be needed for relief.
- ____15. Conscious sedation and deep sedation/general anesthesia are serious medical procedures and, whether given in a hospital or office, carry the risk of brain damage, stroke, heart attack or death.
- ____16. In situations where a breathing tube is used, I may have a sore throat, hoarseness or voice change.

MY OBLIGATIONS:

- _____ 17. Because anesthetic or sedative medications (including oral premedication) cause drowsiness that lasts for some time, I **MUST** be accompanied by a responsible adult to drive me to and from surgery, and stay with me for several hours until I am recovered sufficiently to care for myself. Sometimes the effects of the drugs do not wear off for 24 hours.

- _____ 18. During recovery time (normally 24 hours), I should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.

- _____ 19. I must have a completely empty stomach. It is vital that I have **NOTHING TO EAT OR DRINK for six (6) hours** prior to my treatment. TO DO OTHERWISE MAY BE LIFE-THREATENING.

- _____ 20. **Unless instructed otherwise**, it is important that I take any regular medications (high blood pressure, antibiotics, etc.) or any medicines given to me by my surgeon **using only small sips of water.**

CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery and anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date