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REQUEST FOR TREATMENT AND CONSENT

BONE REPLACEMENT GRAFTING AND POSSIBLE PLACEMENT FOR:

I authorize and request that Dr. Richard Howes perform surgery on my upper jaw (maxilla), or my lower jaw (mandible).

I understand that surgery will be performed to:

- 1) Place a bone graft material into the floor of the sinus to build up adequate bone height for the placement of implant(s).

OR

- 2) To build up the size and strength of the upper and/or lower jaw to allow placement of implants

The bone graft will consist of a bone substitute material (hydroxylapatite), tissue bank bone or a combination of both. In approximately three to six months, after the graft has partially healed, a second procedure will be done to insert the implant into the upper jaw and the grafted material. In some cases it is possible to insert the implant(s) and graft into the jaw bone during the same operation. It is expected that the implants will become stable and act as anchors for fixed or fixed-detachable bridges or dentures.

Dr. Richard Howes has explained that if the new bone does not incorporate into the bone graft material, alternative prosthetic measures will have to be considered. Dr. Richard Howes has explained and described the procedure to my satisfaction.

The likelihood for success of the suggested treatment plan is good. However, there are risks involved. The bone graft material has produced good results when placed on top of the upper or lower jaw ridge. However, there are insufficient long-term studies to evaluate placement of the material on the sinus floor. This bone graft replacement material has previously been shown to be free from rejection or infection. There is no guarantee that your graft will not become infected or rejected.

There have been some cases of failure of the graft to incorporate new bone or to sustain implants. Rarely, implants have failed and require removal: occasionally, the area can be re-grafted and implants reinserted.

It is understood that although good results are expected, they cannot be and are not implied, guaranteed, or warrantable. There is also no guarantee against unsatisfactory or failed results.

I have been informed and understand that occasionally there are complications of surgery, drugs, and anesthesia including, but not limited to:

1. Pain, swelling and postoperative discoloration of face, neck and mouth.
2. Numbness and tingling of the upper lip, teeth, gums, cheek and palate, which may be temporary or, rarely permanent.
3. Infection of the bone that might require further treatment, including hospitalization and surgery.
4. Mal-union, delayed union, or non-union of the bone graft replacement material to the normal bone.
5. Lack of adequate bone growth into the bone graft replacement material.
6. Bleeding which may require extraordinary means to control hemorrhage.
7. Limitation of jaw function.
8. Stiffness of facial and jaw muscles.
9. Injury to the teeth.
10. Referred pain to the ear, neck and head.
11. Postoperative complications involving the sinuses, nose, nasal cavity, sense of smell, infraorbital region, and altered sensations of the cheek and eyes.
12. Postoperative unfavorable reactions to drugs, such as nausea, vomiting, and allergy.
13. Possible loss of teeth and bone segments.

I understand that I am not to use alcohol or non-prescribed medication during the treatment period. Dr. Richard Howes has discussed with me that smoking is particularly harmful to the success of this operation. I have been requested to stop smoking, if I smoke.

I understand that Dr. Richard Howes will give his best professional care toward the accomplishment of the desired results. I understand that I can ask for full recital of all possible risks attendant to phases of my care by asking.

I give permission for persons other the doctors involved in my care and treatment to observe this operation, and to photograph it for the purpose of teaching and research.

I understand this consent form and the personal treatment planning letter. I request Dr. Richard Howes to perform the surgery discussed. I hereby state that I read, speak and understand English.

Signature of Patient

Date:

Signature of Doctor or Witness

Date: