

**Summit View Periodontics**  
**CONSENT FOR RIDGE AUGMENTATION SURGERY**

I understand that this treatment is termed **Alveolar Ridge Augmentation** is accomplished by placing a bone graft product or bone substitute materials through an incision(s) in the gums to maintain or grow back lost bone volume for my desired dental implants, fixed bridge, or removable denture. In some situations, my alveolar ridge augmentation may take up to 6 months to mature. Dental implants or other dental prosthetics may be placed on the day of alveolar ridge augmentation, or they may be delayed until bone maturation is complete. If you have a temporary bridge or denture during the healing phase, the old denture can often be modified and worn immediately, although a very restricted diet is required. Rarely, the old appliance cannot be worn during healing. On occasion a secondary gum modification procedure called a "vestibuloplasty" (to gain more ridge surface) may be necessary in conjunction with the augmentation procedure to obtain the best possible result for the new appliance.

These procedures are necessary to treat the following condition(s): To improve the alveolar ridge form to support, or otherwise help stabilize, a denture, dental implants or bridge. The alveolar ridge is the ridge of bone the teeth are normally rooted into.

**Possible alternate methods of treatment** (if any), include: If this treatment is not done, I understand my choices are:

1. Surgically place implants to support my present appliance.
2. Continue wearing the denture or appliance I have at present or to remake my present appliance to try to improve the fit.
3. Undergo surgical procedures to reposition muscle attachments or otherwise attempt to extend the deficient ridge.

I understand that there are certain **inherent and potential risks and side effects** of any surgical procedure and in this specific instance such risks include, but are not limited to:

- Numbness, pain or tingling of the chin, lips, tongue (including possible loss of taste sensation), cheek or gum tissue. These symptoms may persist for weeks, months, or, in rare instances, may be permanent.
- Swelling and discomfort and some difficulty chewing and swallowing for a time.
- Bleeding, bruising and possible formation of a hematoma (clot) in the tissues of the floor of the mouth that may remain for several days and require additional care.
- Artificial grafting material may settle somewhat with use and some of the newly-gained ridge form may be lost. Grafted bone may also gradually decrease in height and form over time.
- Occasionally, grafted material will migrate into surrounding tissues and require further treatment. Although uncommon, graft material may press against nerve structures, causing enough discomfort that some or all the graft may require removal.
- Stretching of the corners of the mouth that may cause cracking and bruising and may heal slowly.
- Allergic reactions to drugs or medicine used during treatment.
- Damage to adjacent teeth or tooth roots.
- Fracture of the jaw or thin portions of the jaw.
- Post-operative infection that may require additional treatment, including loss of the graft.
- Wound opening that may result in loss of the graft.
- Other: \_\_\_\_\_

**ADDITIONAL AGREEMENTS AND AUTHORIZATIONS**

- I understand smoking is extremely detrimental to the healing process. I further understand that I should cease the smoking of tobacco or marijuana during prior to, and throughout the healing process to achieve a predictable outcome and avoid complications.
- Recognizing that during the surgery some unforeseen condition may be discovered that may necessitate a change in approach or different procedure from those explained above, I authorize my Periodontist to perform such procedures as are necessary and advisable in the exercise of his professional judgment.
- No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that the treatment would be helpful, and I have weighed the risk with the proposed benefits.
- I agree to take all prescribed medications, as indicated, and to completion. Not taking your prescribed medication may lead to an increased risk of pain, swelling, and infection.
- I have discussed my past medical history with the doctor and have disclosed **ALL** diseases and medications, including alcohol and drug use past and present.
- I agree to cooperate completely with the recommendations of my Periodontist, realizing that lack of cooperation may result in a less than optimal result.
- I have reviewed/viewed pre-operative and post-operative instructions.
- I understand that oral hygiene will be difficult following surgery, but I will do my utmost to follow normal tooth brushing and oral hygiene routines.

I certify that I have had an opportunity to read and fully understand the terms within the above consent and the explanation made, and that all blanks or statements requiring completion were filled in, and any inapplicable paragraphs were stricken before I signed. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the procedure.

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

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Doctor’s Signature Date

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Witness’ Signature Date