



Elizabeth Patino, DMD, PA

Bone Graft Informed Consent

This is my consent for Dr. Elizabeth Patino to perform bone grafting procedure, previously explained to me.

- I understand the nature of my condition, alternative treatment options, and the proposed treatment.
- I understand the importance of my health history and I have given you all information.
- I understand that if I don't give you a true health and complete information, it may be harmful to my care and lead to unwanted complications.
- I understand that if the procedure is not done, possible health risks may include but are not limited to:
 - Swelling
 - Infection
 - Decay
 - Pain
 - Fracture
 - Malocclusion
 - Cyst/Abscess formation
 - Periodontal (bone/gum) disease
 - Loss of teeth and/or bone
- I understand that possible complications may include but are not limited to:
 - Loss of bone transplantation due to resorption, fragmentation, and/or disintegration.
 - Transmission of infectious agents; requiring additional treatment.
 - Immune rejection.
 - Allergic reaction to residual chemicals.
 - Bleeding
 - Infection
- In case of an unforeseen condition, I request and authorize Dr Patino to do whatever she may deem advisable
- Because of individual patient differences, I understand that there exists a risk of failure, relapse, selective treatment, or worsening of m present condition despite the care provided. Even though the doctor will take all precautions to avoid complications; the doctor can't guarantee the results of the proposed treatment.
- I understand that prescribed medications may cause drowsiness and lack of awareness and coordination; and that this is intensified by alcohol, tranquilizers, and sedatives and other. I will not drive or operate any machinery until fully recovered from the effects of the medications.
- I agree to follow all recommendations given, realizing that any lack of the same could result in a less than optimal result.
- I have had the opportunity to ask questions, read, and fully understand this form, and hereby consent to treatment.
- All of the blanks were filled in before I signed the form

Patient or Legal Guardian

Date

Witness

Date