



Consent for Socket Preservation (Bone Graft)

Background Information

When a tooth is extracted, healing occurs by a combination of “shrinkage” of the remaining extraction socket. The resulting bone loss in the area can complicate future implant placement, affect the aesthetic outcome of a bridge, or create unfavorable pocket formation (especially behind second molars after extraction of wisdom tooth). Fortunately, this problem can now be avoided.

When a tooth is extracted, the empty socket is filled with a resorbable material (graft), and the area is covered with a membrane barrier. The graft encourages your own bone to grow into the area and prevent shrinkage in the area.

After careful oral examination, the dentist has determined that future ridge deficiency as a result of tooth extraction is likely and strongly recommends socket preservation.

Consent

I agree to follow post-operative instructions following the procedure especially to not smoke. This can compromise grafting and carries a higher risk of infection. If this occurs, re-treatment or emergency treatment may need to be done at additional cost.

I have been informed of possible alternate methods of treatment including extraction without socket preservation.

I understand that, as with any surgery, there are risks including:

- Post-operative discomfort, bruising, and swelling.
- Infection that might affect the new bone graft and need treatment
- Failure of the bone graft to join with natural bone resulting in loss of the graft.
- Allergic reactions (previously unknown) to any medicines or materials used in treatment.

I understand that, if I would like an implant placed in the extraction site, I must wait until the graft is ready (4-6 months). I also understand that if too much time passes before implant placement, the bone may resorb (“melt away”) and there will not be enough bone into which an implant can be placed.

I, the undersigned, consent to socket preservation immediately following tooth extraction.

By signing below, I attest that I have read, understand and agree to the above, and have had all of my questions answered to my satisfaction. I recognize that dental surgery is not an exact science and there can be no warranty or guarantee as to the outcome of treatment. I agree to diligently follow any postoperative instructions given to me and report any unanticipated reactions to the office as soon as possible.

Signature of Patient or legal guardian

Date