

**JAW RECONSTRUCTION SURGERY
STATEMENT OF CONSENT
(Skin, Bone or Hydroxylapatite Grafting)**

1. This is my consent for Dr. Dennis L. De Decker, DDS, and/or any oral and Maxillofacial surgeon who is working with him to perform a bone grafting procedure as previously explained to me. I also agree to the use of a local and/or general anesthetic, sedation, and analgesia, depending upon the judgement of the oral and maxillofacial surgeon and anesthesiologist involved in my case.

2. I understand that the reconstructive operations necessary to restore the denture supporting areas of my mouth to a useful state may involve any or all of the following methods:

- Skin grafting/vestibuloplasty: a procedure to expose usable bone or grafted material and cover it with a skin graft.
- Bone grafting using rib, hip, leg, jaw or skull bone to build contour.
- Hydroxylapatite grafting: a synthetic bone substitute which may be used by itself or in combination with bone.
- Banked bone (freeze dried, lyophilized, demineralized, xenografts) or bone substitutes.

3. On occasion, additional denoted, processed, or artificial bone substitutes are used to supplement the patient's bone, or to spare an extensive graft harvesting procedure. If used, such materials may have separate risks including, but not limited to:

- Rejection of the donated or artificial graft material.
- The remote chance of viral or bacterial disease transmission from processed bone.

4. I also consent to any other procedure deemed necessary or advisable as necessary, to complete the planned operation.

5. I have been informed and understand that occasionally there may be complications of the surgery, drugs, and anesthesia including: pain, infection, swelling, bleeding which may be heavy or prolonged, discoloration, numbness and tingling of the lip, tongue, chin, gums, cheeks and any existing teeth which may be temporary or permanent; pain, numbness and phlebitis (inflammation of a vein) from intravenous and intermuscular injection; injury to and stiffening of the neck and facial muscles; change in occlusion or temporomandibular (jaw) joint difficulty; injury to, and/or devitalization (nerve damage which may require a root canal) of any existing teeth; injury to adjacent soft tissues; referred pain to the ear, neck and head. Other potential complications could include nausea, vomiting, allergic reaction, bone fractures, bruises, delayed healing, sinus complications, openings from the sinus to the mouth, apparent facial changes, nasal changes, loss of bone, non-healing (non-adhering) of the implant (dental materials or devices) to the bone, resorption or loss of bone height, ulceration of the mucosa (gums or tissues), loss of the implant material or device through the mucosa.

6. I agree not to use alcoholic beverages and unprescribed drugs; I have been advised to avoid contact activities, persons with known communicable diseases, and water sports for six weeks.

7. I agree and understand I am not to have and/or have to had anything to eat or drink for 8 hours before my surgery.

8. Medication. drugs. anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile or hazardous devices or work while taking such medications and/or drugs; or until fully recovered from the effects of the same. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery.

9. I agree to cooperate completely with the recommendations of Dr. Dennis L. DeDecker, D.D.S., while I am under his care, realizing that any lack of same could result in a less than optimum result.

10. I have had an opportunity to discuss with Dr. Dennis L. DeDecker, D.D.S., my past medical and health history including any serious problems and/or injuries.

11. I understand that certain anesthetic risks which could involve serious bodily injury are inherent in any procedure which requires general anesthetic.

12. The fee for services has been explained to me and is satisfactory, and I understand there is no warranty or guarantee as to the results and/or cure and that my condition may return or become worse.

Consent

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ FULLY AND UNDERSTAND THE TERMS AND WORDS WITHIN THE POINTS 1-12 IN THE ABOVE CONSENT TO THE OPERATION AND THE EXPLANATION REFERRED TO OR MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND IN APPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE SIGNED. I ALSO STATE I READ AND WRITE ENGLISH.