

CONSENT FOR SINUS LIFT AND ANY OTHER GRAFTING

I, _____, hereby authorize and request Dr. Gregory McCune, DDS and any other agent or employees of and such assistants as may be selected by him to perform corrective surgery on my jaw (maxilla). The operation is planned to implant a bone substitute material, freeze dried (de)mineralized bone and/or hydroxyapatite, or other bone graft materials of choice, into the floor of the sinus in the hope that new bone will be incorporated into the material so that an implant or implants might be placed. An implant or implants may be placed during this procedure or a second procedure will be needed to place the implant(s). It is hoped that the implant(s) will become stable and act as anchors for fixed or fixed detachable bridges or dentures. Dr. Gregory T. McCune has explained that if the new bone does not incorporate into the synthetic material that alternative prosthetic measures will have to be considered.

Dr. McCune and/or his assistants have explained and described the operation to my satisfaction. It is understood that although good results are expected, no guarantee that it will last for any specific period of time can be or has been given.

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, chin, gums, teeth cheek and palate, which may be transient, but may be permanent.
3. Infection of the bone that might require further treatment, including hospitalization and surgery.
4. Malunion, delayed union or non-union of the synthetic bone replacement material to normal bone, or lack of adequate bone growth into the synthetic material.
5. Bleeding which may require blood transfusions or other extraordinary means to control.
6. Limitation of jaw function.
7. Stiffness of facial and jaw muscles.
8. Injury to the teeth.
9. Referred pain to the ear, neck and head.
10. Postoperative complications involving the sinuses, nasal cavity, sense of smell, infraorbital regions, and altered sensations of the upper cheek and eyes.
11. Postoperative unfavorable reactions to drugs, such as nausea, vomiting and allergy.
12. Possible loss of teeth and bone segments.
13. Possible bruising and/or discoloration of the face, usually of a temporary nature.

I further understand that I am to refrain from the use of alcohol or non-prescribed drugs during the treatment period. If sedation or general anesthesia is used I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.

Patient Signature: _____ Date: _____

Witness: _____