

Please read consent form. Signatures will be required at the office the day of your procedure.

REQUEST FOR TREATMENT AND CONSENT SINUS LIFT PROCEDURE WITH BONE REPLACEMENT GRAFTING AND POSSIBLE PLACEMENT OF IMPLANT(S)

I authorize Dr. Cornell McCullom III, to perform surgery on my upper jaw (maxilla)

I understand that surgery will be performed to place bone graft material into the floor of the sinus to build up adequate bone height for the placement of dental implants. The bone graft will consist of a bone substitute material (hydroxylapatite), tissue bank bone, my own bone, or a combination. In approximately six months, after the graft has partially healed, a second procedure will be performed to insert the implant(s) into the upper jaw and the grafted material. In some cases, it is possible to insert the implant(s) and graft the floor of the sinus at the same operation. It is expected that the implant(s) will become stable and act as anchors for the implant(s) supported dental restoration(s).

Dr. McCullom has explained that if the new bone does not incorporate into the bone graft material, alternative prosthetic measures will be considered. Dr. McCullom has explain and describe the procedures to my satisfaction.

The likelihood, for success of the suggested treatment plan is good. However, there are risks involved. The bone graft materials has produced good results when placed on top of the upper or lower jaw, and on the floor of the sinus. The bone graft material has previously been shown to be free from rejection or infection, however, there is no guarantee that your graft will not become infected or be rejected.

There have been some cases of failure of this graph to incorporate new bone or sustain implants. Rarely, implants have failed and required removal; occasionally, the area can be re-grafted and implants reinserted.

It is understood that, although good results are expected, they cannot be and are not implied, guaranteed, or warrantable. There is no guarantee against unsatisfactory or failed results.

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 post-operative discoloration of face, neck, and mouth.
2. Numbness and tingling of the upper lip, teeth, gums, cheek, and palate, which may be temporary or rarely, permanent.
3. Infection of the bone that might require further treatment, including hospitalization and surgery.
4. Malunion, delayed union, or non-union of the bone graft replacement material to the normal bone.
5. Lack of adequate bone growth into the bone graft replacement material.
6. Bleeding which may require extraordinary means to control hemorrhage.
7. Limitations of the jaw function.
8. Stiffness of facial and jaw muscles.
9. Injury to the teeth.
10. Referred pain to the ear, neck, and head

11. Postoperative complications involving the sinuses, nose, nasal cavity, sense of smell, infraorbital regions, and altered sensation of the cheek and eyes.
12. Postoperative unfavorable reaction to drugs, such as nausea, vomiting, and allergy.
13. Possible loss of teeth and bone segment.

I understand that I am not to use alcohol or non-prescribed drugs during the treatment period. Dr. McCullom has discussed with me that smoking is particularly harmful to the success of this operation. I have been requested to stop smoking.

I understand that Dr. McCullom will give his best professional care toward the accomplishment of the desired results. I understand that I can ask for a recital of possible foreseeable risks attendant to phases of my care. I further understand that I am free to withdraw from treatment at any time.

I give permission for persons other than the doctors involved in my care and treatment to observe this operation, and to have the procedure photographed for the purpose of education, publishing, and teaching.

I understand this consent form. I request Dr. McCullom to perform the surgery discussed. I hear by state that I read, speak, and understand the English language.

Dr. Cornell McCullom

Main Office: (773) 488.3738