

CONSENT TO PLACEMENT OF BONE GRAFT(S)

I hereby authorize Dr. Jaime A. Vergara (herein after called Doctor) to place bone graft(s) upon

(Name of the Patient)

Doctor has advised that diagnosis indicates I suffer from a condition known as Periodontitis (Periodontal Disease).

I have been informed that the purpose of this procedure is to improve or correct the periodontal defect(s) in teeth to be treated.

I do authorize the use of DEMINERALIZED FREEZE-DRIED HUMAN BONE GRAFTS AND/OR, XENOGRAFTS AND/OR ALLOPLASTS. I have been informed demineralized freeze-dried bone graft material is obtained from human cadavers. This material has been tested, processed and packaged for medical use. I also have been informed xenografts may come from bovines and alloplasts are neither non-human nor bovine product designed specifically for medical use. Although sterilization procedures used in these materials are guaranteed by the manufacturer, there may be risk of disease transmission.

I know the practice of dentistry is not an exact science and that reputable Practitioners cannot guarantee results. No guarantee, warranty or assurance has been given to me by anyone that the proposed treatment will be successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition to include the possible extraction of certain involved teeth despite the best of care. However, it is the Doctor's professional opinion that therapy will be helpful, and that any further loss of supporting tissue or bone would occur sooner without the recommended treatment.

I understand that long-term success requires my long-term continued performance of mechanical plaque removal (daily home care) and my availability for periodic maintenance visits (recall professional care).

I (do) (do not) consent to photographs of my oral and facial structures and their publication for educational and scientific purposes.

I am executing this Authorization and Informed Consent to periodontal surgery on behalf of _____. In doing so, I have advised Doctor that I am their legal guardian (or closest available relative). As such, I am authorized to execute this consent on his or her behalf.

I CERTIFY THAT I HAVE READ FULLY AND UNDERSTAND THE ABOVE CONSENT TO THE OPERATION, THE EXPLANATION THEREIN REFERRED TO OR MADE, AND THAT ALL INAPPLICABLE PARAGRAPHS, IF ANY WERE STRICKEN BEFORE I SIGNED.

Date

(Patient or legal guardian or closest available relative)

Doctor's Signature

Witness Signature