



CONSENT FOR SOFT TISSUE GRAFT

Patient's Name _____

Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: _____

Your Planned Treatment is: _____

Alternative treatment: methods include: _____

The donor site (area from which tissue will be removed) is: _____

The area that will receive the graft is: _____

Soft tissue grafting is a procedure intended to improve your oral health. Whether the procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. They include the following and others:

1. Bleeding, swelling, bruising, infection and pain.
2. Failure of the graft and need for a secondary procedure.
3. Continued problems with the tooth, teeth, implant(s) potentially resulting in need for removal of the tooth or implant(s).
- 4 Stretching of the corners of the mouth that may lead to cracking or bruising.
5. Possible infection that might need more treatment.
6. Numbness, pain, or changed feelings in the teeth, gums, lip, chin and/or tongue (including possible loss of taste). This is due to the closeness of the surgical sites (donor and graft receiving areas) to the nerves which can be injured or damaged. Usually the numbness or pain goes away, but in some cases, it may be permanent.
7. Trismus – you can only open your mouth a little. This is most common after wisdom teeth are taken out. Sometimes it happens because of jaw joint problems (TMJ), mainly when TMJ disease is already there.
8. Bleeding – oozing can often happen for several hours, but a lot of bleeding is not common.
9. Dressings – Sometimes a dressing is placed to cover the area receiving the graft. If the dressing comes off before the area is healed, the chances are greater that the graft will not permanently attach to the bone. It is very important that you follow exactly the diet and activities given to you. If the dressing becomes loose or becomes unattached you need to notify the office.

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature _____

Date _____

Doctor's Signature _____

Date _____

Witness' Signature _____

Date _____