

## Consent for sinus elevation procedure

This is my consent for Dr. Ivan Lapidus to perform sinus elevation procedure (s). The purpose of this procedure is to increase the amount of bone in the maxillary jaw to allow the placement of dental implants into the sinus approximately 6 to 12 months after the graft procedure.

The graft substance used includes human donor material and synthetic resorbable bone material called Hydroxyapatite. Certain medications presented before the procedure that I am to take may include an appropriate antibiotic, Afrin nasal spray, and Dexamethasone (an oral steroid). The purpose of the pre-medication has been explained to me clearly.

Complications from sinus elevation surgery include, but are not limited to bleeding, infection, numbness, rejection, and fistulation (a hole between the sinus and the oral cavity). The likelihood of any of these problems occurring has been discussed with me.

To my knowledge, I have given an accurate report on my health history form. I have informed Dr. Lapidus of any prior allergic or unusual reactions to drugs, foods, and anesthetics. To the best of my knowledge, I have no abnormal bleeding tendencies.

I understand that there is no warrantee or guarantee as to any result. I have been advised that this procedure is not always successful. I am further advised that I can get an explanation of all risks before or during the progress of my treatment just by asking. There will be no refund of fees should the procedure fail.

I certify that I have read this consent form completely and have had all of my questions answered. I hereby consent to this operation.

\_\_\_\_\_  
Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Date