CONSENT FORM · IMPLANT

Consent for Bone Grafting and Sinus Lift

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME	DATE OF BIRTH	PATIENT NUMBER

TOOTH, TEETH OR AREA	TREATING CLINICIAN	DATE

SECTION 1

About your treatment

Bone grafting rebuilds bone in the jaw where it has shrunk, so an implant can be placed safely. A sinus lift adds bone under the floor of the sinus above the upper back teeth.

When a tooth is lost, the bone around it often shrinks. A bone graft adds material to rebuild the width or height of the jaw. This may be your own bone (autogenous), usually taken from nearby in the mouth, or a prepared graft material. The most widely used material is xenograft, which is derived from bovine (cow) bone that has been processed and purified. Synthetic options are also available. A membrane is often placed over the graft to protect it while it heals.

A sinus lift is used in the upper jaw when there is not enough height of bone below the sinus. The thin lining of the sinus is gently lifted and graft material placed underneath. This can be done through the implant site (internal lift) or through a small window in the side of the jaw (lateral window). Some grafts are done at the same time as the implant, and others need four to nine months to heal first.

What happens

STEP	WHAT IT INVOLVES
1. Assessment and 3D scan	We take a CBCT 3D scan to measure the bone and sinus and plan the type of graft needed.
2. Choosing the graft material	We discuss the graft options with you, including any religious, dietary or ethical views about animal derived materials, and record your choice.
3. Surgery	Under local anaesthetic, with sedation if you wish, we place the graft and usually a membrane, then close the gum with stitches.
4. Healing	The graft is gradually replaced by your own bone. This usually takes four to nine months depending on the type of graft.
5. Implant placement	Once healed, we take a new scan and place the implant, unless it was placed at the same time as the graft.

SECTION 2

Expected benefits

- Makes implant treatment possible where the bone would otherwise be too thin or short.
- Helps place implants in a better position for strength and appearance.
- Can improve the support and look of the gum around front teeth.
- Planned with a 3D scan for accuracy.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Swelling, bruising and discomfort	Common for several days, often more than for an implant alone. Bruising may show on the face.	Common
Graft failure	Some or all of the graft may not take, and the area may need regrafting. This is uncommon but more likely in smokers.	Uncommon

RISK	WHAT IT MEANS	HOW LIKELY
Wound opening and graft exposure	The gum may open over the graft or membrane, with small graft particles coming out. This needs review and may affect the result.	Uncommon
Infection	Infection of the graft site can happen and may need antibiotics or removal of the graft.	Uncommon
Sinus membrane perforation	During a sinus lift the thin sinus lining can tear. Small tears are often repaired at the time. Larger tears may mean stopping and trying again after healing.	Uncommon
Nose bleeds and sinus symptoms	After a sinus lift, a little blood from the nose and a stuffy feeling are common for a few days. Sinus infection is uncommon.	Common
Discomfort at a donor site	If we take bone from elsewhere in your mouth, that area will also be sore while it heals.	Common
Nerve injury	Grafting in the lower jaw, or taking bone from the lower jaw, can rarely cause numbness of the lip, chin or tongue, usually temporary.	Rare

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No treatment**: leaving the area as it is. An implant may not be possible, and the bone may continue to shrink.
- **Shorter, narrower or angled implants**, which in some cases avoid the need for a graft.
- **A bridge or denture** instead of an implant, which do not need grafting.
- **Different graft materials**: your own bone, xenograft (bovine), or synthetic materials. Each has different handling, healing and costs.

SECTION 5

Costs

ITEM	GUIDE FEE
CBCT 3D scan	£250
Bone graft	from £600
Sinus lift	from £1,200
IV sedation	£350 per hour

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £

PLAN REFERENCE

ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

Your consent

Please initial each statement you agree with.

I understand that the graft may not fully take and that further grafting may be needed. ☐

I understand the graft materials that will be used, including whether they are animal (bovine) derived, and I have been able to raise any religious, dietary or ethical concerns. ☐

I understand that a sinus lift carries a risk of tearing the sinus lining and that the procedure may need to be stopped and repeated later. ☐

I understand that after a sinus lift I must not blow my nose and must sneeze with my mouth open for about two weeks. ☐

I understand that swelling, bruising and nose bleeds are common and usually settle within a week or two. ☐

I understand that healing can take four to nine months before an implant can be placed.	☐
I have been told about the alternatives, including no treatment, and I have had the chance to ask questions.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐
I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 8

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.