**SINUS LIFT OPERATION WITH BONE REPLACEMENT GRAFTING REQUEST FOR TREATMENT AND CONSENT**

I authorize and request Dr. Shaziya Haque to perform surgery on my upper jaw (maxilla).

I understand that surgery will be performed to place a bone graft material into the floor of the sinus to build up adequate bone height for the placement of implants. The bone graft will consist of a bone substitute material (hydroxyapatite), tissue bank bone or a combination of both. In approximately five to six months, after the graft has partially healed, a second procedure will be done to insert the implants into the upper jaw and the grafted material. It is expected that the implants will become stable and act as anchors for fixed or fixed-detachable bridges or dentures.

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

The likelihood for success of the suggested treatment plan is good. However, there are risks involved. The bone graft material has produced good results when placed on top of the upper or lower jaw ridge. However, there are insufficient long-term studies to evaluate placement of this material on the sinus floor. This bone graft replacement material has previously been shown to be free from rejection or infection. There is no guarantee that the graft will not become infected or be rejected.

There have been some cases of failure of this graft to incorporate new bone or to 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 also 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 postoperative discoloration of face, neck, and mouth.
2. Numbness and tingling of the upper lip, chin, gums, teeth, cheek, and palate, which may be temporary or, rarely permanent.
3. Infection of the bone, which might require further treatment including hospitalization and surgery.
4. Mal-union, delayed union, or non-union of the bone graft replacement material to 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. Limitation of jaw function.
8. Stiffness of facial and jaw muscles.
9. Injury to the teeth.
10. Referred pain to the ear, neck, and head.
11. Post-operative complications involving the sinuses, nose, nasal cavity, sense of smell, and altered sensations of the upper cheek and eyes.
12. Post-operative unfavorable reactions to drugs, such as nausea, vomiting, and allergy.
13. Possible loss of teeth and bone segments.

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

I understand that Dr. Haque will give her best professional care toward the accomplishment of the desired results. I understand that I can ask for full recital of all possible risks attendant to phases of my care by asking. I further understand that I am free to withdraw from treatment at any time.

I give permission for person other than the doctors involved in my care and treatment to observe this operation, and to photograph it for the purposes of teaching and research.

I understand this consent form. I request Dr. Haque to perform the surgery discussed. I hereby state that I read, speak and understand English.

SIGNATURE OF PATIENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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