

Bone Expansion Consent

Patient: _____

Date: _____

Dr. Mark Allan Padolsky will be using a bone manipulation technique called **Bone Expansion** in an attempt to increase the width of bone where a dental implant and implant restoration are planned. Bone expansion is not always predictable, however, Dr. Padolsky has chosen this technique with hopes that it will reduce the amount of procedures and costs necessary to restore your tooth.

This consent form acknowledges that Dr. Padolsky, or one of his staff members, **has reviewed the Bone Expansion technique with you.**

There are **risks** to all medical and dental procedures.

Not all bone is plastic and flexible enough to properly expand to the necessary size to accommodate a dental implant. It is possible that an **alternate procedure** called **particulate bone grafting** may be used to fill in the enlarged bone rather than place the dental implant. Additional alternate procedures may incur additional charges.

In some cases, the alveolar bone (jaw bone) is brittle and cracks rather than expands. In this case, the entire procedure has to be terminated and the area left alone to heal. **Block bone grafting** may later be necessary to restore the bone sufficiently to accommodate a dental implant.

Expanded bone is thin and may recede with time, exposing the dental implant surface.

Bone expansion is often done in the **smile zone** where aesthetics is important. In some cases, a **compromised aesthetic result has to be accepted to allow placement of the dental implant.** It is not always possible to ideally match the normal scalloping, contours, positions and colors of the natural tissue surrounding the teeth and/or that of the final restoration itself.

Of course, Dr. Padolsky will do his very best to achieve the very best result he can. However, it is important for the patient to understand that if bone expansion is being used, a less than ideal situation exists. Achieving an ideal result from a less than ideal situation is not always possible.

I have read and understand the information in this supplemental informed consent form. I consent to allow Dr. Mark Allan Padolsky to use bone expansion in my case. I understand the risks and potential problems and I agree to have this procedure done.

Patient Signature: _____

Staff Member Witness: _____

Date: _____