

CONSENT FOR THE USE OF BONE REGENERATIVE PROCEDURES

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

PATIENT CONSENT

I have been fully informed of the nature of bone regenerative surgery, the procedure to be utilized, the risks and benefits of periodontal surgery, the alternative treatments available, and the necessity for the follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of bone regenerative surgery as presented to me during consultation and in the treatment plan presentation as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

DATE

(Printed Name of Patient, Parent, or Guardian)

(Signature of Patient, Parent, or Guardian)

DATE

(Printed Name of Witness)

(Signature of Witness)