

## CONSENT FORM

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**Patient's name:**

**Date of birth:**

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**Treatment:** Sinus lift and augmentation  
(1-2 hour appointment)

This procedure will involve making a small window into the right/ left sinus and lifting the sinus lining to place bone substitute minerals; this will be of bovine origin and acts as scaffolding for new bone growth. We normally need to use a membrane (of porcine origin) to cover the bone substitute. **Following this procedure you should avoid swimming or flying for 4 weeks.**

It is occasionally possible to place the implant at the same time as lifting and augmenting the sinus. This would eliminate the extra healing time of nine months. Otherwise the bone generation process may take 6 - 9 months depending on the extent of the deficiency. After this healing period implant placement can take place.

This procedure, like any other surgical procedure carries a risk of infection and post-operative discomfort (please refer to the enclosed document - "instructions after sinus augmentation"), which is minimised with antibiotics and analgesics. There is also a chance that the augmentation will not be successful.

**Fee:**

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I confirm that I have explained the treatment, the appropriate options available, the procedure and after-care warnings and instructions in terms, which in my judgement are suited to the understanding of the patient.

**Signature:**

**Date:**

**Name of dentist/doctor:**

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Please read this form carefully.

Check that you understand the above information and that it is correct before signing the form.

If you have any questions or need further explanation please ask your dentist/doctor.

*I agree to have the above treatment, which has been explained to me, to my satisfaction, by the dentist/doctor named on this form.*

**Signature:**

**Date:**