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Consent for the Use of Human Allograft Material and/or Non-Human Xenograft Material

1. I understand that a graft of human allograft and/or non-human xenograft material will be used during my periodontal surgical procedure. It has been explained to me that this graft was obtained from either another human being or a non-human animal source; the tissue has been procured, processed and preserved in accordance with established medical procedures; the tissue is believed to be uncontaminated; success of the grafting procedure is not guaranteed; that, if the initial graft is unsuccessful, a secondary grafting procedure may be necessary; and that the cost of any secondary grafting procedure would be determined based upon the normal cost for the procedure that has to be done.
2. I understand that both human tissue allografts and non-human xenografts have been used successfully in the treatment of problems similar to mine without an adverse reaction. I have been informed that there have not been any reported side effects when this material has been used either in the mouth or in other parts of the body, nor has there been any reported unusual or increased discomfort when compared with alternative surgical procedures. I further understand that this does not guarantee that I will have no adverse reactions from this material or that the graft will be successful in my mouth.
3. I have been offered an opportunity to ask questions regarding the use of the human allograft and/or non-human xenograft material in my mouth and they have been answered to my satisfaction.
4. I agree to the use of this material to treat my dental problems in lieu of any alternative surgical procedures available.
5. I have read this consent form and understand the potential risks and benefits.

Recipient

Witness

Clinician

Date

Date

Date