

## DECLINE OF SOCKET PRESERVATION

I have been informed of the need for bone grafting/site preservation. I understand that the purpose of the procedure is to preserve the bony architecture to allow for proper placement and positioning of a dental implant, provide additional support to neighboring teeth and prevent bony defects, and provide greater support and esthetic outcomes for fixed and removable prostheses. I understand that the strength and quality of the underlying bone is the foundation for any tooth replacement's success and that implants, bridges, and dentures require adequate bone support for predictability, longevity, strength, and stability.

I understand that bone resorption starts almost immediately after tooth removal and early intervention reduces the number of surgical appointments necessary to achieve a desirable result and can lead to a potentially faster healing process. I have been informed of possible alternative methods of treatment if there are any.

As a patient, I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me.

I accept the consequences of declining this treatment and refuse to give my consent for the recommended sites.