

---

## Cavitation Surgery Consent Form

Please be aware that cavitation surgery includes removing dead tissue, infected pieces of bones, and leaked dental material from old dental works, from your jaw bone. In other words a low grade, non-pus forming osteomyelitis of the jaw bone is being eliminated. This procedure has been given many different names such as Cavitation osteonecrosis, Ratner bone cavity, Alveolar Cavitation Osteopathy, or Roberts Bone cavity.

The need for this procedure is determined from your x-rays and from the professional experience of your treating dentist or physician.

You must absolutely be clear that:

1. If you are experiencing specific symptoms or any kind of facial pain, they may or may not be related to your focal infection in your jaw bone.
2. Your symptoms, if related to your jaw's focal infection may or may not improve with this surgery. You are also taking the chance of nerve damage (either permanent or temporary), sinus opening, teeth loss or damage, infection, bleeding etc.
3. Sometimes several surgeries are required to eliminate focal infections and still there are no guarantees for complete success.
4. Removing any kind of an infection or foreign body from the body, such as the jaw bone is logical and rational although not approved by authorities such as the Australian Dental Association (ADA) due to the fact that double blind studies are not available. By no means do we want to relay the message that it is the miracle cure, that its results are 100%, or that we are claiming anything not supported by the ADA.
5. Your surgery however will be performed in the utmost possible sterilized environment, precise, and professional manner.

If you have read the above, have asked your questions, are clear with the procedure, and are comfortable to proceed with the operation, please fill out the information below.

I \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
have discussed my case in detail with all my appropriate health care providers and I am fully aware of the procedure and reason for desiring it done, my questions have been answered and I am also aware of what I might be expecting after the surgery.

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Doctor