

## Written informed consent

### Alveoloplasty surgery Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the sharp bony spicules/ roughness on my toothless jaw bone and the need of a minor surgery to smoothen the sharp bony spicules for better processing of the complete denture later..

I have been explained about the procedure in detail including injection of the local anaesthesia, incision, raising of the tissue to expose the bony spicules, smoothening of the spicules with bone file and closure with sutures at the end of the procedure. Post-operative sequels like pain and swelling for few days have been explained. If not treated, less chances of processing a good complete denture are also explained.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date: \_\_\_\_\_ signature of the patient:

Time: \_\_\_\_\_ signature of the patient attendant:

Signature of the Doctor with seal: