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Consent for drawing blood and

Platelet Rich Plasma (PRP) for use in dental surgery

Dr. Lee has recommended the use of Platelet Rich Plasma (PRP) to enhance post operative healing as well as higher chance of surgery success. PRP is a component of my own blood. Blood contains platelets, which contains growth factors that help stimulate soft tissue healing.

I will have ----- unit of my own blood drawn. My blood will be mixed with an anti -coagulant and placed in a centrifuge to concentrate the platelets, then mixed with sterile bovine (cow) thrombin and sterile calcium chloride to activate the platelets (make them release their growth factors).

The blood used is my own. All blood drawing materials and needles, all the centrifuge processing containers, bovine thrombin and calcium chloride containers, and mixing/ activating syringes are single use and are disposed in our medical waste container after each patient. Each PRP procedure uses its own sterile materials and supplies.

I hereby request and authorize the use of PRP for dental purpose and understand this procedure requires a simple blood draw.

The details of the procedure have been explained to me in terms I understand and I have no further question.

Alternative methods and their benefits and disadvantages have been explained to me.

I understand PRP involves a series of treatments to achieve optimum results and the fee structure has been fully explained to me.

I understand and accept the most likely risks and complications of PRP.

I understand that small blood vessels can be broken which could result in temporary swelling, bruising, redness, and soreness when blood is drawn.

I understand any injection carries a minimal but potential risk of infection.

I have informed my injectionist of all my known allergies, all medications I am currently taking including prescriptions, over the counter remedies, herbal therapies, and any others.

I have no muscle or nerve conditions.

I have not had chemotherapy or radiation treatments within the last 12 months.

I have not used Accutane (isotretinoin) in the past 12 months.

I am not currently pregnant or breastfeeding.

I have been advised whether I should take any or all of the medications on the days surrounding the procedure.

I am aware and accept that no guarantees about the results of the procedure have been made or implied.

I have been informed of what to expect post -treatment, including, but not limited to procedures, if I wish to maintain the appearance of this procedure provides me.

I have had the opportunity to ask questions before signing this and understand I can ask questions later, as well. After deliberation, I consent to the PRP process.

I certify that I have read this document.

----- Patient Name	----- Signature	----- Date
----- Parent/ legal guardian	----- Signature	----- Date
----- Technician	----- Signature	----- Date

Post-operative instructions

Oral Bone Grafting Surgery

Please read your instructions carefully and call with any questions.

Position

When reclining, elevate your head and back with several pillows for the first 1-2 days after surgery. Lie on your back, rather than on your sides or stomach.

Breathing

It is extremely important that you take deep breaths after surgery to prevent from developing pneumonia, which is a common occurrence after surgery if breathing exercises are not followed properly. A good example is to take 10-20 deep breaths every hour, while you are awake, as well as encouraging yourself to cough.

Ice

Ice packs or cool damp wash cloths should be applied on or around the treated areas, especially over the eyes and cheeks. This will lessen the amount of swelling, bruising, and pain. If no bandages are present, place a cloth between the skin and the ice pack to protect the skin. Use ice for up to 45 minutes out of each waking hour for the first 24 hours. An easy schedule to follow is 20 minutes on and 20 minutes off.

Heat

You may begin heat packs 12 hours after ice packs are stopped. If no bandage is present, a moist towel should be placed between the skin and the heat source. The moist heat will increase the circulation and help the body rid itself of swelling and bruising. DO NOT heat continuously. Use heat a maximum of 20 minutes per hour. The temperature should be closely monitored, NEVER set an electric heating pad above a medium setting. Any numbness in treated areas make it possible to burn your skin without knowing. To prevent serious injury from your electric heating pad BE CERTAIN it is approved for use with moisture. Heat may be used until the swelling and bruising have resolved.

Diet First Day: A clear liquid diet is recommended.

First Week: A liquid diet should be followed. **ABSOLUTELY NO CHEWING.** You may eat anything that does not require chewing.

After one week: The physician will examine the healing process and advise you as to when you may slowly resume your regular diet. The liquid diet may be necessary for an extended period.

Activity

(I) During your first post-operative day, stay up as much as possible. You should sit, stand, or walk around rather than remain in bed. However, you should rest when tired.

(II) Avoid bending over or lifting more than 5 pounds during the first week.

(III) Take extra precaution to protect your head and neck from bumps, hits or injuries.

Other Begin oral hygiene three days after surgery. Brush any teeth with a gentle brush only, and use the prescribed antibiotic mouth rinse Peridex to help clean and freshen the mouth, rinsing 4-5 times daily.

Your surgery was accomplished by an incision inside your mouth. Do not disturb sutures with your tongue. The only care necessary for intra-oral sutures is the mouth rinse, described above. Do not use water picks at this time.

If you have partial or complete dentures, do not wear them after surgery until approved by your doctor.

Sports

No swimming, gym, or strenuous activities for two weeks. No diving, biking or skiing for two months. Passive exercise is permitted, like walking. Any other questions should be directed to your surgeon.

Medications Pain Reliever: Take one tablet when you arrive at home. Additional tablets may be taken every 4-6 hours as needed for pain relief. **CAUTION:** Do not drive or operate machinery while taking pain relievers. Take with food or liquid to avoid nausea

Sleep Medications: if prescribed, take one tablet 30-45 minutes prior to bedtime.

Antibiotics: if prescribed, take them as indicated on the bottle and complete the full course of pills until finished.

Aspirin: avoid taking aspirin or aspirin containing compounds during your first week after surgery.
Anti-swelling: (dexamethasone) if prescribed, take one tablet when you arrive home, and then again the first evening. The remaining tablets should be taken over the next two days. These will help to reduce the amount of local swelling.

PLEASE REPORT ANY OF THE FOLLOWING TO OUR OFFICE: iirtden or excessive bleeding, swelling, or bruising. Any itching, rash or reaction to medications. Fever, temperature over 100 degrees (taken orally). Discharge or odor from the mouth or oral incisions ANY INJURY TO THE MOUTH OR FACE.

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Faithful adherence to pre -operative and post -operative instructions will help to minimize swelling, pain and discomfort'. If you do have any problems, please do not hesitate to contact me for assistance. (330.721.2323).

I have received/read and understand the importance of following the above instructions.

Signature

Date