

CAVITAT SCAN

Patient Consent and Understanding Form

I, (Patient Name) _____ hereby give my permission for Dr. Wall to perform an ultrasonic scan of my jawbone using the **CAVITAT**. I understand that this scan, which is being done at my request, has been approved by the FDA for the identification of areas of jawbone experiencing compromised bone density. I understand that the only way to diagnose “cavitations” with 100% certainty is to perform a biopsy of the likely areas of diseased jawbone tissue and have a lab test/analyze the tissue samples for necrotic material. I further understand that the **CAVITAT** poses absolutely no health risk, nor should it produce any discomfort when used to scan my jawbone. Potential benefits of the CAVITAT include identification of jawbone cavitations, as well as obtaining of detailed information about them, which may aid in improving surgical treatment outcome. I understand that my patient records generated from this scan will be held in strictest confidence.

The cost for the above listed treatment is: _____

Patient, Parent or Guardian

Date

Doctor

Witness