ETOBICOKE PERIODONTICS

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INFORMED CONSENT FOR IMPLANT PLACEMENT

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

PLACEMENT LOCATION OF IMPLANT:

_____

IMPLANT SUCCESS:

I understand that:

- Dental implants are not 100% successful, and healing differs for every patient
- Smoking, poor oral hygiene, and medical conditions can reduce success rates
- Long-term follow-up care and proper maintenance are necessary for implant survival
- The final prosthetic (crown, bridge, or denture) may be fixed or removable depending on healing

TREATMENT SEQUENCE:

- Surgery #1: Implant(s) placed in the jawbone
- Healing period: Approximately 3–4 months
- Surgery #2 (if applicable): Implants exposed and abutments attached
- Restorative phase: Several appointments for impressions and prosthesis placement
- If dentures are worn, I may need to avoid wearing them for 1–2 weeks after surgery and then use them carefully during healing.

I consent to photographs/ videos for documentation. I understand that these records may be used in dental publications and seminars for scientific purposes and to document the progress of my care.

ALTERNATIVES TO IMPLANTS:

- Removable complete or partial denture(s)
- Fixed dental bridge if suitable supporting teeth exist

Surgical Risks - May include, but are not limited to:

- Pain, swelling, bleeding, bruising, infection
- Sinus involvement (upper jaw)
- Nerve damage leading to temporary or rarely permanent numbness/tingling of lip/chin/tongue
- Bone fracture or jaw joint discomfort
- Implant failure requiring removal .

Prosthetic Risks

- Implant failure either immediately or years later
- Chipping/fracture/wear of prosthetic components
- Speech or chewing challenges while adapting to prosthesis
- Aesthetic limitations based on implant placement and bone availability
- Unfavorable implant positioning may require more complex (and costly) prosthetic solutions or may prevent use of an implant.

I understand:

- No guarantee of success — function and appearance may vary
- Additional procedures may be required due to unforeseen circumstances
- Final costs may differ from initial estimates
- Ongoing maintenance visits will incur separate fees

RETREATMENT POLICY (If Applicable to My Case):

If I attend all required follow-up visits and comply with care instructions:

Within 2 years of placement, if retreatment is deemed appropriate, clinical service fees for replacing the same implant(s) and/or repairing the prosthesis will not be charged

✕ Components and laboratory fees will still apply

✕ This applies only if the prosthesis is provided by Dr. Chang

✕ If a different dentist/denturist provides the prosthesis, this retreatment policy is void

Beyond 2 years, all retreatment costs are the responsibility of the patient. This is not a warranty, but a service policy.

To my knowledge, I have given an accurate report of my physical and mental health history and current condition. I have reported allergies, illnesses, diseases, and any other considerations related to my health.

☐ I have read and understand all the foregoing information.

☐ I have had the opportunity to read this form, ask questions, and have my questions answered to my satisfaction.

☐ I hereby consent to the surgical and prosthodontic procedures for placing and restoring my implant(s).

By signing below, I acknowledge that I have read and understood the Informed Consent Form. By signing below, I authorize the Etobicoke Periodontics and Implant Clinic to perform the treatment(s) set out in this Informed Consent form.

DATE: _____

PATIENT NAME: _____

SIGNATURE: _____

Provider Confirmation

I certify the nature, purpose, benefits, risks, and alternatives have been fully explained and patient understanding was confirmed.

Provider Signature (Dr. Jae W. Chang): _____

Date: _____

POST OPERATIVE INSTRUCTIONS FOLLOWING PERIODONTAL SURGERY

1. Following periodontal surgery, you are likely to experience discomfort as the local anesthetic wears off. Please take the pain relief medication as prescribed.

2. Immediately following your operation, you should apply an ice pack to the surgical side of your face for the first 24 hours. Then on and off at 15-minute intervals.

3. Abstaining from smoking for 6 weeks following surgery will dramatically improve healing, post-operative convalescence and improve your surgical result. Smoking exerts profound negative effects on tooth survivability!

4. Please limit yourself to a soft diet initially and avoid hot foods for 2 weeks. As healing progresses, you may then eat any non-irritating foods.

Please Avoid:

- Smoking (minimum 6 weeks) greatly increases risk of graft failure
- Hot foods/drinks (2 weeks)
- Straws or suction of any kind
- Disturbing the surgical dressing or graft site
- Alcohol for 48 hours
- Sucking, spitting, touching the area

Should significant bleeding occur:

- Do not rinse your mouth
- Apply pressure at the site with a moist gauze (palate or grafted site). Each compression with strong force minimum 15 min-20 min each without exchanging the gauze. Firm pressure for 3-5 min will not achieve anything.
- Elevate your head and do not lie down and please place a coversheet overnight in case of bleeding during sleep

5. The periodontal dressing, if placed, should not be disturbed. If the dressing falls off after the first 24 hours this is not a cause for concern. Simply continue with the post-operative protocol as recommended.

6. The roots of the teeth were uncovered during surgery. You may experience temporary sensitivity to hot and cold, to tooth brushing and to certain foods. Should these symptoms develop, please notify our office so that and a desensitizing treatment can be arranged and/or desensitizing medications prescribed.

Absolutely NO brush the surgical site for 2 weeks after surgery. After 2 weeks, you may gently and carefully brush only the top portion of the teeth (NEVER gum area). You can use a cotton tip dipping into the chlorhexidine rinse (if prescribed) or warm salt water and gently clean the teeth surface and where the gum meets the teeth minimally.

- No electric brush is allowed near the sites for 6 weeks.
- Normal brushing may resume in 3-4 weeks depending on healing process and tissue quality
- Once sutures are removed, very gentle brushing with a soft-bristle brush is required to prevent infection.

7. If a Chlorhexidine rinse (Peridex®) has been prescribed, rinse or swab the surgical site 3 times daily in the morning, midday and evening for 2 weeks following surgery.

8. Teeth near the surgical area may feel loose or sensitive — this will improve as healing progresses.

Should any issues or concerns arise, please call the office