



General Dentist

Consent for Dental Implant Surgery

Patient Name Date

Anesthetic (circle one): Topical Local N2o/o2 IV

Location of implant(s): _____

Please initial each paragraph after reading. If you have any questions about your proposed treatment, please ask your doctor BEFORE initialing or signing this form. 214-256-3000

You have the right to be given information about your proposed implant placement so that you are able to make the decision as to whether to proceed with surgery. What you are being asked to sign is your acknowledgment that you fully understand the nature of the proposed treatment, the known risks associated with it, and the possible alternative treatments.

_____ I have provided an update medical history including ALL drugs and dosages.

_____ I have been given treatment alternative which includes no treatment.

_____ I understand that dental implants may be placed by either a one-stage technique or two-stage technique. One stage means the implant will be surgically positioned with a portion of the implant protruding through your gum tissue at the completion of surgery. Two-stage surgery requires one surgery to place the implant, followed by a healing time, then a second surgery to uncover the implant and place a healing cap that protrudes through the gum tissue. Both the one-stage and two-stage implant placement techniques usually require a healing period before the dentist will be able to place a dental restoration. Your surgeon and restorative dentist will utilize the technique that is best suited for your condition.

_____ If a tooth is being extracted, there is no guarantee that an implant can be placed at the time of extraction.

_____ Temporary teeth on implants may not be possible if bone quality is not sufficient. The temporary is a separate fee.

_____ In certain unusual circumstances, and with very specific criteria, your surgeon and restoring dentist may elect to restore some or all of the implants immediately or shortly after the placement procedure. This technique is called "Immediate Load or immediate temporization" and it carries some increased concerns about bone and implant healing.

_____ In certain cases, the surgery may involve additional materials and procedures (grafting with bone or artificial bone substitutes, use of healing membranes and associated fixation devices, impressions or indexing the implants, etc.). The need for those procedures may not be apparent until after the surgery has begun. These procedures have separate fees.

_____ I understand that incisions will be made inside my mouth for the purpose of placing one or more root-form structures (dental implants) in my jaw to serve as anchors to replace a missing tooth or teeth, upon which a crown (cap), bridge or denture will be secured. I acknowledge that the procedure has been explained to my full understanding, including the type of implant(s) that will be used.

_____ I understand that the dental restoration (such as crown, bridge or denture) will be made for a separate charge for such services will be made for restoration. That office will also monitor those restorations in the future.

_____ I understand that if a two-stage procedure is required, the implant will probably remain covered by gum tissue for the initial healing period, and that a second surgical procedure will be required to uncover the top of the implant to prepare for dental restoration. (In a one-stage procedure, the implant will usually remain accessible.)

Risks and Complications of Dental Implant Surgery includes, but is not limited to:

- _____ A. Post-operative discomfort and swelling that may require several days of at-home recuperation.
- _____ B. Prolonged or heavy bleeding that may require additional treatment.
- _____ C. Damage to adjacent teeth or roots of adjacent teeth.
- _____ D. Post-operative infection that may require additional treatment.
- _____ E. Stretching of the corners of the mouth that may cause cracking and bruising, and may heal slowly.
- _____ F. Restricted mouth opening for several days; sometimes related to swelling, muscle soreness, or stress on the jaw joints (TMJ).
- _____ G. Injury to nerve branches in the jaw or soft tissue resulting in tingling, numbness, or pain in the chin, lips, cheek, gums, tongue (including possible loss of taste sensation) or teeth on the operated side(s). These symptoms may persist for several weeks or months, and in some cases may be permanent.
- _____ H. Opening into the sinus (a normal hollow chamber in the bone above the roots of back upper teeth) requiring additional treatment. If the sinus is entered there may be symptoms of sinusitis for several weeks that may require certain medications and additional recovery time.
- _____ I. Fracture of the jaw or of thin bony plates.
- _____ J. Bone loss around the implants.
- _____ K. Certain other fixation devices may be used (screws, plates, membranes, etc.) that may either stay in place permanently or require later removal by another surgery. There may be unexpected exposure of these devices through the gum, causing their premature loss or removal, and possible loss of the implant.
- _____ L. Implant or prosthesis failure. Rarely, the implant or parts of the structure holding the replacement tooth, or the replacement tooth itself, may fail due to chewing stresses. Risk of implant failure increases in patients that have history of diabetes, untreated periodontal disease, and/or use of tobacco products.
- _____ M. Rejection of the implant by natural body defenses. (If the implant is lost, it is usually possible to replace it in a later surgery after any bony defect has healed or been bone grafted to achieve adequate bone volume for another implant placement procedure).

_____ It has been explained to me that during the course of surgery unforeseen conditions may be revealed that will necessitate extension of the original procedure or a different procedure from that which was planned (for example, changing from a one-stage to a two-stage process, use of bone grafting techniques involving substitute material or locally available bone particles, etc.). I give my permission for such additional procedures that may be indicated in my doctor's professional judgment.

_____ No guarantee can be or has been given that the implant(s) will last for a specific time period. It is anticipated that the proposed treatment will offer measurable relief for my condition, or otherwise enhance my dental health. Nonetheless, it is not possible to predict the absolute certainty of success. I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed surgery will be completely successful in eliminating all pre-treatment symptoms or complaints. I acknowledge that there is the risk of failure, relapse, selective re-treatment, or worsening of my present condition, despite efforts of optimal care.

_____ I understand that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If the planned schedule is not carried out, the risk of implant failure increases.

_____ I understand that my doctor is not a seller of the implant device itself and makes no warranty or guarantee regarding success or failure of the implant or its attachments used in this procedure.

