



## INSTRUCTIONS AND CONSENT FOR SURGICAL PLACEMENT OF DENTAL IMPLANTS

An explanation of your need for dental implant(s), their purpose and benefits, the surgeries related to their placement and exposure, and the possible complications, as well as alternatives to their use, were discussed with you in consultation. We obtained your verbal consent to undergo the implant surgical treatment planned for you. This document restates issues we discussed and provides the appropriate signatures on the last page. Please ask for clarification of anything you don't understand.

**Diagnosis:** After careful oral examination, a review of radiographs, and study of my dental condition, the doctor has advised me that my missing tooth/teeth might be replaced with artificial teeth supported by an implant or implants.

**Recommended Treatment:** In order to treat my condition, my dentist has recommended the use of root form implants. I understand that the procedure for root form implants involves placing implant fixtures into the jawbone. This procedure has two phases, surgical phase (placing implants and later exposing them), followed by a prosthetic restorative phase (getting the replacement teeth attached to the implant).

**Overview of Surgical Procedures:** Most patients need two surgical procedures to place the implant(s). The first surgical procedure consists of placing a titanium implant fixture into the jawbone. The second surgical procedure usually occurs four to six months after the initial surgery and involves uncovering the implant fixture and placement of the healing abutment on the fixtures.

**Surgical Placement Phase of Procedure:** I understand that a local anesthetic will be administered to me as part of the treatment. My gum tissue will be opened to expose the bone. Implants will be placed by tapping/threading the fixture into small holes that have been drilled into my jawbone. The implants will have to be snugly fitted and held tightly in place during the healing phase.

The gum and soft tissue will be stitched closed over/around the implants. A periodontal bandage/dressing may be placed. Healing will be allowed to proceed for a period of four to six months. I understand that dentures usually cannot be worn during the first two weeks of the healing phase and I may be without teeth.

I further understand that if clinical conditions turn out to be unfavorable for the use of this implant system, or prevent the placement of implants at all, my dentist will make a professional judgment on the management of the situation. The procedures also may involve a supplemental bone graft or other types of graft materials to build up the ridge of my jaw and thereby help the placement, closure, security, and ultimate success of my implants. This may also include the placement of bone grafts into the maxillary sinuses to increase the height and width of bone for appropriate insertion of implants for use as "back" teeth. This may also require additional fees to those already quoted for the surgical placement.

**Second Surgical Procedure:** For implants requiring a second surgical procedure, the overlying tissues will be opened at the appropriate time and the stability of the implant will be verified. If the implant appears stable, an attachment will be connected to the implant(s). Plans and procedures to create an implant crown or appliance can begin after your gum tissue has healed.

**PostOperative Complications:** Some problems that may occur: pain around the abutment fixture, infection, phobia or change of mind by the patient. In addition, some tingling and loss of sensation in the area may occur when the implants are placed in the back of the lower jaw. In rare situations, this altered or loss of sensation may be permanent.

**Prognosis:** While prognosis is favorable at this time, the results cannot be guaranteed since unforeseen changes in the bone and soft tissue may occur which may require removal of the implant fixture. If an implant fixture does not join properly with the bone, it will be necessary to remove the implant in question. No problems are usually foreseen as a result of the removal. In the remote possibility, the entire group of implant fixtures should fail to integrate into the bone, a new attempt can be made at a later date.

**Prosthetic Restorative Phase of Procedure:** During this phase, an implant prosthetic device or crown will be attached to the implant. This phase is just as important as the surgical placement phase for the long term success of my oral health.

**Expected Benefits:** The purpose of the dental implants is to allow me to have more functional artificial teeth. The implants provide support, anchorage, and retention for these teeth.

**Principal Risks and Complications:** I understand that some patients do not respond successfully to dental implants, and, in such cases, the implant may be lost. Implant surgery may not be successful in providing artificial teeth. Because each patient's condition is unique, long term success cannot be predicted. These complications include, but are not limited to (1) implant loss (2) post-surgical infection, (3) bleeding, swelling and pain, (4) facial discoloration, (5) transient but on occasion permanent numbness of the lip, tongue, teeth, chin, or gum, (6) jaw joint injury or associated muscle spasm, (7) transient but on occasion permanent increased tooth looseness, (8) tooth sensitivity to hot, cold, sweet, or acidic foods, (9) shrinkage of the gum tissue upon healing resulting in elongation of some teeth and greater spaces between some teeth, (10) cracking or bruising of the corners of the mouth, (11) restricted ability to open the mouth for several days or weeks, (12) Impact on teeth, (13) allergic reactions, (14) injury to teeth, (15) bone fractures, (16) nasal sinus penetrations, (17) delayed healing and (18) accidental swallowing of foreign matter. The exact duration of any complications cannot be determined and they may be irreversible.

I understand that the design and structure of the prosthetic appliance can be a substantial factor in the success or failure of an implant. I further understand that alterations made on the artificial appliance/the implant can lead to loss of the appliance/implant. I understand and I am advised that the connection between the implant and the tissue may fail and that it may become necessary to remove the implant. This most often occurs in the preliminary phase, during the initial integration of the implant to the bone or at any time thereafter.

**Alternative To Suggested Treatment:** I understand that the alternative treatments for missing teeth, include no treatment, new removable prosthesis, fixed prosthesis and other procedures, can be provided depending on the circumstances. However, continued wearing of ill-fitting and looser removable prosthesis may result in further damage to the bone and soft tissue of my mouth.

**Necessary Follow-Up Care and Self-Care:** I understand that it is important for me to continue treatment with my dentist. Implants, natural teeth and artificial teeth must be maintained daily in a clean hygienic manner. Implants and appliances must also be examined periodically and may need to be adjusted. I will need to come to appointments following procedures so that my healing may be monitored, and my doctor can evaluate and report on the outcome of the surgery upon completion of healing. I understand that it is important to follow the specific prescriptions and instructions given by my dentist.

Even though dental implants have a high rate of success, I hereby acknowledge that no guarantee warranty or assurance has been given to me that the proposed treatment will be successful. Due to the individual patient differences, certainty of success cannot be predicted. There exists the risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss or devitalization of certain teeth. Despite the best care

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Patient/Parent: \_\_\_\_\_