

**INFORMED CONSENT FOR DENTAL IMPLANT SURGERY**

**Diagnosis:** After a careful oral examination, radiographic evaluation and study of my dental condition, my periodontist has advised me that my missing tooth/teeth may be replaced with artificial teeth supported by one or more dental implants.

**Recommended Treatment:** I understand that dental implant surgery involves screwing an artificial titanium tooth root into my jawbone in order to hold a replacement tooth, bridge or denture. This procedure has two phases, the surgical phase (placing the implants and later exposing them) followed by the prosthetic phase (getting the replacement tooth/teeth attached to the implant). This office only does the surgical phase. My general dentist or prosthodontist would do the prosthetic phase.

**Surgical Phase of Treatment:** I understand that a local anesthetic will be administered as part of the dental implant surgery. Other forms of sedation, such as nitrous oxide (laughing gas) or sedative pills (valium) may be used. During the procedure, the following treatment will be performed:

- Gum tissue will be opened and pulled away to expose the jawbone.
- A hole(s) will be drilled into the jawbone and the titanium dental implant(s) will be placed.
- Bone regenerative material (grafting) may be placed (1) to build more bone around the implant screw if there is an inadequate width of bone due to bone loss or (2) to add bone to the upper jaw in the area of the molars or premolars to make it taller in order for an implant(s) to be placed (sinus lift).
- Sterile, medical grade calcium sulfate may be added as a good source of extra calcium content for obtaining a successful bone graft and a covering may be placed over the graft (i.e. resorbable sterile collagen wafer) to keep the bone material in place.
- The gum will then be sutured over or around the dental implant(s) so it will be held tightly in place during the healing phase and a periodontal dressing may be placed.

Healing will be allowed to proceed for approximately of 4-6 months. I understand that dentures usually cannot be worn during the first 1-2 weeks of the healing phase so as not to impede healing. After the required healing time period, the dental implant will need to be exposed. A local anesthetic will be given and the following treatment will be performed:

- Overlying gum tissue will be opened and pulled away.
- The stability of the implant will be verified.
- If the implant appears satisfactory, then an attachment (abutment) will be connected to the implant.

If there are no complications, plans and procedures to create an implant prosthetic appliance or artificial crown(s) may begin with my general dentist or prosthodontist.

**Prosthetic Phase of Treatment:** I understand that at this point I will be referred back to my general dentist or prosthodontist. This phase is just as important as the surgical phase for the long-term success of my oral reconstruction. During this phase, an implant prosthetic device will be attached to the implant. A person trained in the prosthetic protocol for dental implants should perform this procedure.

**Expected benefits:** The purpose of dental implants is to allow me to have more functional artificial teeth and/or improved appearance. The implants provide support, anchorage, and retention for artificial teeth, crowns, bridgework, or dentures.

**Principal Risks and Complications:** I understand that some patients do not respond successfully to dental implants, and in such cases, the implant must be removed. Implant surgery may not be successful in providing artificial teeth. Since each patient's condition is unique, long-term success may not occur.

Complications may result from the dental implant surgery involving the gums and jawbone, or from drugs or anesthetics. These complications include, but are not limited to the following: post-surgical infection, bleeding, swelling, pain; facial bruising; transient (on rare occasion permanent) numbness of the jaw, lip, tongue, chin or gum; jaw joint pain or muscle spasm; cracking or bruising of the corners of the mouth; restricted ability to open the mouth for several days or weeks; impact on speech; allergic reactions; perforation of the drill hole into the sinus if an upper implant is being placed; accidental swallowing of foreign matter; transient (on rare occasion permanent) increased tooth looseness; and tooth sensitivity to hot, cold, sweet or acidic foods. The exact duration of any complication cannot be determined, and may be irreversible.

I further understand that if during surgery, clinical conditions turn out to be unfavorable for the use of the implant system or prevent the placement of implants, my periodontist will make a professional judgment on the management of the situation. The procedure may need to be cancelled or may involve supplemental bone grafts or other types of grafts to build up the ridge of my jaw to allow placement, gum closure, and security of my implants.

Also, the design and structure of the artificial tooth (teeth) can be a substantial factor in the success or failure of the implant. It is always possible to have a successful, solid implant and the connection between the implant and the gum and/or bone may fail right away, or even months or years later, necessitating the removal of the implant.

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**Alternatives to Suggested Treatment:** I understand that alternative treatment for missing teeth include: **(1)** no replacement; **(2)** removable dentures, however, continued wearing of ill-fitted and/or loose removable dentures can result in further changes to the bone support of the remaining teeth and my gum; and **(3)** dental bridges.

**Necessary Follow-Up and Self-Care:** I understand that it is important for me to continue to see my general dentist for routine dental care, as well as to get the implant(s) restored with an artificial tooth (teeth).

To my knowledge, I have told my periodontist about any pertinent medical conditions, allergies or prescription medications (especially Bisphosphonates) I am taking, including over-the-counter drugs such as aspirin.

In addition, I will need to come for post-op appointments following my surgery so that healing may be monitored and so my periodontist can evaluate and report on the outcome of surgery to my general dentist or prosthodontist. Smoking, excessive alcohol intake or inadequate hygiene may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important to: **(1)** abide by the specific prescriptions and instructions given; **(2)** see my periodontist for post-operative check-ups as needed; **(3)** quit smoking because implant failure rates are several times higher in smokers; **(4)** perform excellent oral hygiene; and **(5)** have my general dentist or prosthodontist restore the implant(s) once they are healed and I have been told I am ready for the prosthetic phase.

**Females Only:** Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills). Therefore, I understand that I will need to use an additional form of birth control along with my birth control pills for one complete cycle after a course of antibiotics is completed.

**Administration of Local Anesthetic:** Medications, drugs and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased with the use of alcohol or other drugs; thus I have been advised not to work or operate any vehicle, automobile, or hazardous device while taking medications and/or drugs until fully recovered from their effects.

**No Warranty or Guarantee:** There is no method that will accurately predict or evaluate how my gum and bone will heal. I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases it should be, however, due to individual patient differences there can never be a certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including possible loss of teeth despite the best of care.

**Communication with Insurance Companies and Dental/Medical Providers:** I authorize sending correspondence, reports, chart notes, photos, x-rays and other information pertaining to my treatment before, during and after its completion with my insurance carrier(s), the doctors' billing agency, my general dentist, and any other health care provider involved with my case who may have a need to know about my dental treatment.

## **PATIENT CONSENT**

I certify that I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this oral surgery, the alternative treatments available, the necessity for follow-up and self-care, the necessity of notifying my periodontist of any pertinent medical conditions and of any prescription/non-prescription medications I am taking and that there are no guarantees. I have had the opportunity to ask questions in connection with the treatment and to discuss my concerns with my periodontist. I hereby consent to the performance of dental implant surgery as presented to me during my consultation and as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT BEFORE I SIGNED IT AND CONSENT TO DENTAL IMPLANT SURGERY.

**Signature of Patient (Parent/Guardian)**

Date

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Printed Name of Patient (Parent/Guardian)

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**Signature of Witness**

Date

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Printed Name of Witness

**Initial and Date If Applicable:**

Patient: 2nd Surgery ; 3rd Surgery ; 4th Surgery