

# Dental Implant Consent Form

All patients receiving dental implants and other oral surgery will be asked to sign consent forms. We've included the text of our consent forms so you can review their contents before coming in to the office.

## 1. ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

What you are being asked to sign is a confirmation that we have discussed the nature and purpose of the treatment, the known risks associated with the treatment, and the feasible treatment alternatives; that you have been given an opportunity to ask questions; that all your questions have been answered in a satisfactory manner. Please read this form carefully before signing it and ask about anything that you do not understand. We will be pleased to explain.

Patient Initial: \_\_\_\_\_

## 2. CONSENT FOR DENTAL IMPLANT

I hereby authorize and direct my general dentist whose name appears below with associates or assistants of her choice to perform surgery upon me (or upon any person identified as the patient, for whom I am empowered to consent) to insert dental implant(s) and/or placement of bone graft as needed on site(s) \_\_\_\_\_.

Patient Initial: \_\_\_\_\_

## 3. NATURE AND PURPOSE OF THE PROCEDURE

Implants differ from other replacements in that they are anchored in and supported by the jawbone. While there are important differences, they function more like your natural teeth. They may be used as a single tooth replacement or for multiple tooth replacement as anchors for fixed bridges, for removable partial, and full dentures.

Implants are placed surgically. Usually under local anesthetic, the gum tissue is reflected, precise drilling of holes in the jawbone is preformed to accommodate the implant body, which are immediately placed in them. The surgical site is then closed. The second surgical procedure occurs six to eight months later. The implants are then evaluated for healing and successful integration with the bone. Some revisions may have to be made at this time. If the implant failed to integrate, it will have to be removed and alternative treatments considered, such as a change of the site or implant. If the implant has successfully integrated, a final impression is made with attachments placed into each implant, extending above the gum tissue in the mouth. In the final prosthetic phase, a connector called an abutment that anchors the restoration may be used to deliver the final crown, bridge, or denture. The prosthetic (replacement crown, bridge, or denture) fee is separate from the surgical fee.

I understand incision(s) may be made inside my mouth for the purpose of placing one or more metal structures in my jaw(s) to serve as an anchor(s) for a missing tooth or teeth or to stabilize a crown (cap), denture or bridge. I acknowledge that the dentist whose name appears above has explained the procedure in detail. I understand that the crown (cap), denture or bridge, will later be attached to this implant by the dentist and that the cost for that work is not included in the charge for this procedure – surgical placement of the implant fixture in the jaw. I have been informed that the implant must remain covered under the gum tissue for at least 4-6 months before it can be used and that a second surgical procedure may be required to uncover the top of the implant to gain access to the implant. Finally, I have received the surgical report/analysis, fitted for digital surgical stent/guide for the precise placement of the implant(s), treatment plan details, anesthesia information, pre and post-surgical instructions and diet information and have read and understand the information.

Patient Initial: \_\_\_\_\_

## 4. ALTERNATIVES TO A DENTAL IMPLANT

# Dental Implant Consent Form

The alternatives to the use of a dental implant, including no treatment at all; construction of a new standard dental prosthesis such as fixed bridgework, removable partial and complete dentures; augmentation of the upper or lower jaw by means of a vestibuloplasty, skin and bone grafting, or with synthetic materials; and implantation of another type of device have been explained to me as have the advantages and disadvantages of each procedure. I choose to proceed with insertion of above to provide any additional services as deemed reasonable and necessary, including, but not limited to the administration of anesthetic agents; the performance of necessary laboratory, radiological ( X-ray),CT scan, and other diagnostic procedures; the administration of medications orally, by injection, by infusion, or by other medically accepted route of administration; and the removal of bone, tissue and fluids for diagnostic and therapeutic purposes and the retention or disposal of same in accordance with usual practices.

Patient Initial: \_\_\_\_\_

## 5. AUTHORIZATION FOR SUPPLEMENTAL TREATMENT

If any unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under local anesthesia or sedation, I further authorize and direct the dentist whose name appears below with associates or assistants of her choice to do whatever she deems necessary and advisable under the circumstances.

Patient Initial: \_\_\_\_\_

## 6. NO GUARANTEE OF TREATMENT RESULTS

I understand that there is no way to accurately predict the healing capabilities of any particular patient following the placement of the dental implant and that complications do occur; and I confirm that I have been given no guarantee or assurance by the dentist whose name appears below, or by anyone else, as to the results that may be obtained from treatment. In the event of implant failure, there will be no refund of fees.

Patient Initial: \_\_\_\_\_

## 7. RISKS AND COMPLICATIONS ASSOCIATED WITH DENTAL IMPLANTS

I have been informed and understand that there are risks and complications from surgery, drugs, and/or anesthetics. Surgical risks include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial discoloration, sinus or nasal perforation, TMJ injuries, spasms, bone fracture, poor healing, numbness (paresthesia) of the lip, chin and tongue, which is usually temporary, but on occasion, may be permanent.

During the course of treatment, unknown oral conditions may modify or change the original treatment plan. This possibility necessitates consent for the treating doctor, in consultation with the patient, if possible, to use the best judgement in consideration of the new found conditions.

Patient Initial: \_\_\_\_\_

## 8. SURGICAL COMPLICATIONS

Such possibilities include but are not limited to, infection, tissue discoloration ( bruising ), alteration in taste and/or numbness, tingling, increased sensitivity of the lips, tongue, chin, cheek or teeth which may last for an indefinite period and may be permanent. Also possible are injury to teeth if present, loss of bone, bone fractures, nasal or sinus penetration ( for implants placed in the upper jaw ), chronic pain, bleeding and decreased ability to open the mouth. I

# Dental Implant Consent Form

have also been informed that any procedure which is outside the mouth will leave a scar on the skin, and that although a good cosmetic result is hoped for, it cannot be guaranteed.

I also understand that any of these treatment complications may necessitate medical, dental, or surgical treatment; may necessitate wiring of my teeth or jaws, and may require an additional period of recuperation at home or even in the hospital. Finally, I have been told that this treatment may not be successful, that problems may arise during the procedure which may prevent placement of the implant, and that rejection of this implant is possible which would necessitate its removal at any time after placement. Should this happen, I understand that it may be possible to insert another implant after a suitable healing period and that charge will be made for this procedure.

Patient Initial: \_\_\_\_\_

## 9. DRUG AND ANESTHETIC COMPLICATIONS

If intravenous medications are used, there may be irritation of, or damage to the vein in which anesthetic medications are injected. I understand there are certain drugs and anesthetic risks, which could involve serious bodily injury, and are inherent of any procedure requiring their use.

Patient Initial: \_\_\_\_\_

## 10. RISKS ASSOCIATED WITH NO TREATMENT

I understand that should I not have this implant procedure, one or more of the following may occur: faster dissolving of the jaw bone structure, increased difficulty wearing conventional dentures, increased loss of bony support of the face, lips and cheeks, increased difficulty chewing, pain and numbness, and fracture of a very thin jawbone.

Patient Initial: \_\_\_\_\_

## 11. IMPORTANCE OF PATIENT COMPLIANCE

I agree and understand that the degree of success of any dental treatment is directly related to my cooperation and that, if I fail to cooperate as requested and instructed, I may suffer temporary or permanent injury to my dental and general health and to the dental work performed by my dentist.

I understand that the success of dental implants depends to a great extent on my maintenance and meticulous hygiene throughout my mouth and especially around the implant posts where they come through the gum tissue. I understand that smoking, alcohol, improper dietary practices may affect gum and bone healing and will limit the success of the implant. I agree to follow home care and dietary instructions as prescribed.

I agree to return at regular intervals as specified by the doctor for inspection of my mouth and implant cleansings by the doctor or the hygienist and to have performed such dental services as may be needed to maintain my oral health. This will involve regular and long-term follow –up care for the life of the implant. I agree to report immediately any evidence of pain, swelling, or inflammation around my implant(s) and agree to attend the office/hospital if necessary. A reasonable fee will be charged for these visits commencing one year after placement of my implant(s).

I agree not to eat or drink anything for 6 hours prior to my surgery/anesthesia. Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Thus, I have been advised not to operate any vehicle, automobile, hazardous devices, or work while taking such medications and/or drugs; or until fully recovered from their effects.

# Dental Implant Consent Form

I understand and agree not to operate any vehicle or hazardous device for at least twenty-four hours after my release from surgery or until further recovered from the effects of anesthetic medication and drugs that may have been given to me in the office or the hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery. Failure to follow these instructions may be life threatening.

Patient Initial: \_\_\_\_\_

## 12. AUTHORIZATION OF USE OF DENTAL RECORDS

I authorize photographs, X-rays, or other viewing of my care and treatment during its progress may be used for educational purposes and research. I hereby state that I have read and I fully understand this consent form, that I have been given an opportunity to ask any questions I might have had, that those questions have been answered in a satisfactory manner.

Patient Initial: \_\_\_\_\_

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

Patient: \_\_\_\_\_ Patient Signature : \_\_\_\_\_

Signature of relative or Representative (where required) \_\_\_\_\_

Dentist: \_\_\_\_\_ Dentist Signature : \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_