

## **Dental Implants Consent Form**

I have been fully informed of the nature of implants and implant surgery, therapeutic risks, and treatment alternatives to dental implants, and I hereby consent to their surgical placement in my jaws (mouth). I agree to maintain these implants as prescribed by my dentist:

**Implant Locations:** \_\_\_\_\_

The initial surgical phase consists of the surgical reflection of the gum tissue followed by precision drilling of holes into the underlying jawbone which depth and width are somewhat smaller than the roots of your natural teeth. These holes are immediately filled with metal cylindrical posts (implants), which are designed to remain in the jawbone indefinitely. In some situations, where inadequate bone is present, a regenerative procedure might be utilized in which a freeze-dried bone graft is placed and the site is then covered with a regenerative membrane. All surgery is performed under local anesthesia and may be supplemented with sedative drugs or I.V. Conscious Sedation (if requested by the patient or if deemed necessary).

During the first two (2) weeks following the initial surgery, no dentures or partial dentures should be worn over the surgical sites without consent of the surgeon. The second surgical procedure usually occurs three-to-eight months after the initial surgery. At this time the implant is evaluated for proper healing and a post is placed into the implant, which extends through the gum tissue into your mouth. Additionally, a minor surgical correction of tissue may later be necessary to modify any tissue overgrowths or discrepancies. In the final prosthetic phase, a metal sleeve is threaded into the previously surgically embedded implant, which is then attached (anchored) to the overlying denture, crown, or bridge. The fee for the prosthetic phase is separate and not part of the surgical fee.

I understand that there are other alternatives to this surgical Implant procedure included by not limited to: 1. No treatment at all. 2. Placement of a Bridge or fabrication of a removable full/partial denture. 3. Other Surgical treatment for this specific site.

Surgical risks include, but are not limited to: post-surgical infection; bleeding; swelling; pain; facial discoloration; sinus or nasal perforation during surgery; TMJ (jaw joint) injuries or spasms; bone fractures; slow healing; and, transient, but on occasion, permanent numbness of the lip, chin, and tongue. 2. Prosthetic implant risks include, but are not limited to: unsuccessful union of the implant to the jawbone and/or stress metal fractures of the implant. After one (1) year of stable implant retention, it is probable that the implant is permanently joined to the underlying jawbone. A separate surgical procedure for removal of the implant is necessary if implant failure or fracture occurs or requires replacement for changed prosthetic needs. If the implant fails, there will be fees charged for their removal and/or replacement.

I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed implant will be completely successful in function or appearance (to my complete satisfaction). It is anticipated that the implant will be permanently retained, but because of the uniqueness of every case, and since the practice of dentistry is not an exact science, long-term success cannot be promised.

During treatment, unknown oral conditions may modify or change the original treatment plan such as discovery of changed prognosis for adjacent teeth or insufficient bone support for the implant. I therefore consent to the performance of such additional or alternative procedures as may be required by proper dental care in the best judgment of the treating doctor.

In order to improve chances for success, I have been informed that the implant and adjacent teeth must be maintained daily in a clean and hygienic manner, and I agree to perform the home care in accordance with instructions provided, as well as keep periodic professional maintenance visits.

I understand Dr. Sam is a general dentist, and that he will be responsible to assist me during the postoperative phase. It is my responsibility to inform Dr. Sam of any problems that occur following the surgery. I understand how to get in touch with Dr. Sam. In rare cases, it may be necessary to refer some post-operative patients to another doctor. The costs associated with any consultation or treatment with other doctors will be the patient's responsibility.

I(we) have been given an opportunity to ask questions about my(our) condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I(we) believe that I(we) have sufficient information to give this consent. I(we) certify this form has been fully explained to me(us), that I(we) have read it or have had it read to me(us), and that I(we) understand its contents.

\_\_\_\_\_  
Signature of Patient or Responsible Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Relationship