

ALL ON X FULL ARCH IMPLANT CONSENT FORM

Patient's Name: _____ Date: _____
(Please initial each paragraph after reading. If you have any questions, please ask your doctor **BEFORE** initialing.)

You have received the 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 understand the nature of the proposed treatment, the known risks associated with it and the possible alternative treatments.

IMPLANT SUPPORTED HYBRID BRIDGE / DENTURE PROCEDURE PATIENTS

_____ My doctor has examined my mouth and made treatment recommendations for replacing my missing teeth. Alternative forms of treatment and their associated risks and benefits have been explained to me including doing nothing. I have had all questions answered my satisfaction. I have been advised that I may seek additional care to preserve and maintain any teeth that are currently in my mouth. I understand that these additional treatments may include periodontal (gum disease care), endodontic (root canals), orthodontic (braces), and/or general dental care. Having been advised of and considering these options, knowing of these alternative forms of treatment to preserve my teeth, I have elected to have any remaining teeth extracted for the Implant Supported Hybrid Fixed Bridge procedures for my upper jaw. I have had sufficient time to consider these alternative forms of treatment or have tried them and have chosen to consent to the Implant Supported Hybrid Fixed Bridge procedures for my upper jaw and/or Implant Supported Hybrid Fixed Bridge on the lower jaw, or both. I understand that this is a surgical procedure and have been informed about what is necessary to accomplish the placement of the implants and attaching the bridge(s). I understand that no guarantees can be or have been made to me about the success of this surgical procedure. I agree to cooperate with my doctor's recommendations and advice prior to and following this procedure knowing that not doing so may result in the failure of my implants and/or bridge.

_____ I have been informed of the possible risks and complications involved with this procedure including the anesthesia and medications used. Such complications include pain, swelling post-operative infection, sinus infection and discoloration. Numbness of the lips, chin, tongue or cheek may occur. The exact duration may not be determinable and in rare cases may be painful and/or irreversible.

Also possible are vein inflammation, bone fractures, penetration of the sinus (upper jaw area) requiring corrective treatment, delayed healing, allergic reactions all of which may require corrective treatment, surgery or possible loss of my implants. In addition to risks associated with implant healing including failure for Osseointegration, infection or difficulty with gum tissue healing, Zygomatic Implants can result in temporary or permanent injury to the sinuses or eye socket with changes in vision (in rare cases blindness) and/or the need for additional surgery or specialist care. In addition, while bleeding is typically minimal during this procedure variations in anatomy can result in significant bleeding which may require additional intervention. The risks include facial nerve injury which may be permanent and painful,



because these implants are placed in the area of your upper cheek(s) there may be a slight alteration in appearance and in rare cases scarring that may require corrective treatment. These complications are rare and all precautions will be taken to avoid injury however in any surgery unforeseen complications can occur which may require referral to specialist or medical professional. I have also been advised that the implant is a foreign body and may be rejected or poorly tolerated by my bone or surrounding tissues. If this should occur the implant may need to be removed. In the event of failure. I have been advised that tissue and/or bone grafting may be necessary to complete my treatment. I also have been advised and have considered that in the event of failure of my implants the treatment option is dentures.

_____ My doctor has explained to me that there is no certain method of predicting my bone or tissue healing capabilities following the placement of the implants and prosthesis. I agree to follow my doctor's post-operative instructions and to immediately notify him/her of any problems that may develop. I understand that, in rare cases, my implants may not accept immediate placement of my bridge. In such a case, I understand that I will be provided with a denture until healing.

_____ I understand that use of any tobacco products or excessive alcohol consumption, may affect gum healing and reduce the success rate of the procedure. Therefore, I agree not to use these products and to follow the instructions of my doctor. I understand that certain medical conditions may contribute to the failure of my implants. I have provided a complete medical and dental history to my doctor. I will also advise my doctor of any changes in my medical and dental conditions prior to my surgery. I agree to see my doctor for all recommended follow up visits including regularly scheduled cleanings by my dentist after my implants have been placed. I have been informed and understand that failure to maintain excellent home care and regularly scheduled dental cleanings create a significant risk of losing my implants. If I do not follow my doctor's instructions, maintain the recommended home care and scheduled appointments I understand I will be responsible for the cost of replacing the implants and/or restoration. I also understand that I am welcome to seek and obtain a second opinion before consenting to the procedure.

_____ I consent to and authorize my doctor to provide these dental services, the Implant Supported Hybrid procedure, for me. I fully understand that during, and following the recommended treatment procedure, surgery and treatment, conditions may become apparent which warrant, in the professional judgment of my doctor, additional or alternative treatment necessary for the success of my treatment plan. I also approve any modification in design, materials, and surgical procedures or care if it is determined that such changes are in my best interest.

ANESTHESIA

_____ I understand that the following types of anesthesia have been discussed with me: Local anesthesia, local anesthetic intramuscular sedation, local anesthetic with nitrous oxide/oxygen analgesia, local anesthesia with oral premedication, local anesthesia with intravenous sedation and general anesthesia



_____ Anesthetic risks include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability, and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

YOUR OBLIGATIONS IF IV ANESTHESIA IS USED

_____ Because anesthetic medications cause prolonged drowsiness, you WST be accompanied by a responsible adult to drive you home and stay with you until you are recovered sufficiently to care for yourself. This may be up to 24 hours.

_____ During recovery time (24 hours) you should not drive, operate machinery or devices, or make important decisions such as signing documents

_____ You must have a completely empty stomach. IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (4) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!

_____ However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications provided by this office, using only a small sip of water.

_____ It has been explained to me that in the course of the procedure unforeseen conditions may be revealed which will necessitate extension of the original procedure, different procedure from those set forth above, or abandonment of the procedure entirely. In such an event, I authorize my doctor and his staff to perform such procedures as are necessary and desirable in the exercise of professional judgment to complete my surgery.

_____ 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 the procedure.

_____ It has been explained to me and I understand that a perfect result is not, and cannot be guaranteed or warranted.

_____ I have read and understand all of the information contained in the consent for the Implant Supported Hybrid treatment plan. I acknowledge that all of my questions have been answered to my satisfaction by my doctor and, knowing the risks; I consent to this procedure.



_____ I understand that I will be receiving two sets of teeth; temporary acrylic teeth followed by final teeth made up of titanium substructure and acrylic, Zirconia, or a composite material. The physical properties of the teeth are such that they will wear over a period of time. Parafunctional habits (grinding and clenching) biting forces, material strength limitations, and other factors can lead to tooth fracture and premature wear. The cost to replace the teeth will be \$3,000 per arch (upper or lower) and can change without notice.

_____ Non-refundable \$1,500 for case work-up, imaging and impressions

_____ Non- refundable 50% no-show on less than 48hr notice

BONE GRAFTING / SINUS LIFT

On occasion, additional donated bone is used to supplement the patient's bone, or to spare an extensive donor site surgical procedure. Use of such bone may involve separate risks including; but not limited to:

_____ Rejection of the donated graft material together with the entire graft

_____ The remote chance of disease transmission from processed bone

_____ I further understand that if there is not enough natural jawbone I which to place the proposed implant and that a procedure called "sinus lift" is planned. This procedure is more complicated than usual implant placement and involves opening the sinus cavity in my upper jaw and placing bone specially- prepared donated bone, or may be taken from my jaw, chin, skull or hip, any of which might be supplemented with specially- prepared donated bone or bone substitute.

_____ I understand that in my grafting procedure, the use of (autogenous, demineralized, etc.) bone may be used.

CONSENT

I certify that I speak, read and write English and have read and fully understand this consent for surgery, and that all blanks were filled in prior to my initialing and signing this form and that all my questions were answered to my satisfaction.

Patient's (or Legal Guardian's) Signature Date