



ALL ON X FULL ARCH IMPLANT SURGERY CONSENT FORM

Patient's Name: _____ Date: _____

(Please initial each page 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 an informed decision about your dental treatment. 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. Knowing this, you are electing to have your remaining teeth/and or existing implants removed (extracted), and proceed with the Full Arch Implant Surgery for your upper jaw, lower jaw, or both.

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. Thus far, I have had all questions answered to 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. I also understand that I am welcome to seek and obtain a second opinion before consenting to the procedure.

Having been advised of these options, and knowing the 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, postoperative infection, sinus infection and discoloration. Numbness of the lips, chin, tongue or cheek may occur. The exact duration of these risks 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), delayed healing, and allergic reactions. Surgery may also result in bone or tooth fragments being left in my jaw, fracture of the jaw bone, or

penetration of the sinus(upper jaw area). Any of these conditions may require corrective treatment, surgery or possible loss of my implant(s).Surgery may cause or result in restricted mouth opening for several days, sometimes related to muscle soreness, and sometimes related to stress on the jaws.

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 the 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 also 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 can create a significant risk of losing my implants. I understand I will be responsible for the cost of replacing the implants and/or restoration if I do not follow my Doctor's instructions, maintain the recommended home care, and scheduled appointments.

I consent to and authorize my Doctor to provide these dental services for the Implant Supported Hybrid procedure. I fully understand that during, and following the recommended treatment and or procedure, 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.

I understand that the following types of anesthesia have been discussed with me: Local anesthesia, local anesthetic with intramuscular sedation, local anesthetic with nitrous oxide/oxygen analgesia, local anesthesia with oral premedication, local anesthesia with intravenous sedation and general 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 and/or death. 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. Sometimes this may progress to a level where arm or hand motion may be restricted temporarily and medications or additional treatment may be required. In extremely rare cases, temporary or permanent nerve injuries at the injection and/or anesthesia line have been reported. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia.

Because anesthetic medications cause prolonged drowsiness, you must 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/devices, and make important decisions such as signing documents. It is also important that you have a completely empty stomach. It is vital that you have NOTHING to eat or drink for FOUR hours prior to getting sedated. 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. To do otherwise may be life threatening.

I understand that I must notify my Doctor if I am taking any medications including narcotic medications, tranquilizers, muscle relaxants, over the counter medications, or any legal or illegal recreational drugs.

It has been explained to me that within 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 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 \$5,000 - \$10,000 per arch (upper or lower) and can change without notice. There is also a Non-refundable \$1,500 for case work-up, imaging and impressions and a Non- refundable 50% no-show on less than 72hr notice.

I understand the importance of quitting smoking BEFORE and AFTER the treatment, of treating any gum disease and of controlling diabetes. It has been explained to me that smoking(of any kind), untreated gum disease and diabetes significantly increase the risk of dental implantation failure. It was further explained to me that the combination of surgical treatment and bisphosphonate medications (for treatment of Osteoporosis or bone diseases as well as use of steroids) being taken now or had been taken in the past increase the risk of chronic inflammation that can amount to necrosis of the jaw bone.

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 and there is a remote chance of disease transmission from processed bone. I further understand that if there is not enough natural jawbone to place the proposed implant a procedure called "sinus lift" will be necessary. This procedure is more complicated than usual implant placement and involves opening the sinus cavity in the upper jaw and placing bone. This bone will either be specially-prepared donated bone, bone 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.

Zygomatic and Tubero-Pterygoid Implants

Zygomatic and Tubero-Pterygoid implants are used as part of rehabilitative solutions for patients suffering from severe bone loss in the upper jaw that does not enable placement of conventional dental implants. These specific implants are designed for placement in the zygomatic bone, in the tuberosity or in the pterygoid region for the purpose of dental rehabilitation. I hereby confirm that I have received and understand the detailed verbal and written information from the

Doctor on the possible use of Zygomatic and /Tubero-Pterygoid implants in the upper jaw. I understand the possible alternative treatments under the circumstances of my condition, including but not limited to Lefort jaw surgery, sinus lifts and other bone augmentation procedures. I have thoroughly considered these alternatives before choosing this treatment.

I have also been informed of the risks and possible side effects of getting said treatment; including considerable swelling, pain, subcutaneous hematoma, trismus - limitation of mouth opening, infections, injury to facial nerves, temporary or permanent impairment of sensation in the affected sites, possible injury to maxillary sinus during treatment of the upper jaw - possibly causing sinusitis and/or oro-antral fistula that can require further treatment and extra surgeries. There's also a risk of injury to major anatomical structures such as the eye orbit, eye brain or brain, fractures of the zygomatic bone and injury to central blood vessels. 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. One of 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 a specialist or medical professional.

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 fully that a perfect result is not, and cannot be guaranteed or warranted. It was explained to me that the manner and duration of recovery of the bone and gums following the insertion of dental implants are individual and unpredictable. I was informed of the possibility of dental implant failure and I understand in such case it will become necessary to remove the implants and/or to perform a corrective surgery/treatment. I understand that I am welcome to seek a second opinion before the procedure.

I understand that during the procedure conditions may arise, which in the Doctor's professional judgement, require a change in or additional treatment. If I am not able to give consent due to anesthesia or incapacitation, I give the Doctor permission to make changes or additions to the planned treatment which the Doctor decides are in my best interest. Whenever possible, the Doctor will explain those additional or alternative treatments to me.

FINAL CONSENT

With this signature, I certify that I speak, read and write English and have read and fully understand this consent form for surgery. I have read and understand all of the information contained in the consent for the Implant Supported Hybrid treatment plan. I have had the chance to ask the Doctor any questions I have about my diagnosis, about the recommended procedure and alternative treatments, about the recommended anesthesia, about the risks of the recommended alternative treatments, and about the written information given to me. 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.

Patient / Legal Guardian Printed Name

Signature

Date

Patient Initials _____ 4/4