

CONSENT FOR DENTAL IMPLANT SURGERY

Patient's Name: _____

Date: _____

Please initial and sign the consent form after reading. If you have any questions, please ask your doctor BEFORE initial and sign. You have the right to be given information about implant placement so that you can decide if you want to have the surgery. You will be asked to sign this form saying you understand what will be done, the risks that can happen and the other kinds of treatment that you could have.

Your planned treatment: _____

Alternative treatments: Bridge Partial Denture Others: _____

1. I understand that cuts (incisions) will be made in my gums and holes drilled in my jawbones to put in one or more dental implants. They will be the base for replacement of one or more missing teeth or to hold a crown (cap), bridge or denture (plate). The doctor has explained the procedure, told me about the incisions and what kind of implant will be used. If a crown, bridge or denture is to be attached to the implant(s), Dr. _____ will do this, and that office will bill me for this procedure.
2. I may need additional procedures to uncover the top of the implant, trim the gum tissue or to add bone or gum tissue. No one has promised how long an implant will last. I have been told that once the implant is put in, I need to follow through with the whole treatment plan and finish it in the time that is set by my doctor. If this is not done, the implant(s) may fail.
3. Surgical risks include, but are not limited to:
 - Post-operative pain and swelling. I might need to stay at home for several days to heal.
 - Bleeding that is heavy or lasts for a long time that might need more treatment.
 - Injury or damage to teeth or roots of teeth that are near by the place of the implant.
 - An infection after the procedure that might need more treatment.
 - Stretching of the corners of the mouth that might cause cracking and bruising and might heal slowly.
 - It might be hard to open my mouth for several days. This might be from swelling and muscle soreness, from stress on the jaw joints (TMJ), or from local anesthetic injections.
 - Implants placed in the lower jaw could harm one of the nerves in or near the jawbone and after the surgery; there might be pain or a numb feeling in my chin, lip, cheek, gums, teeth or tongue. It is possible that I might lose my sense of taste. This might last for weeks or months. It can be permanent, but this rarely happens.
 - Implants placed in the upper jaw could cause an opening into the sinus or nose or an infection that might need additional treatment.
 - Fracture of the jaw or a hole in a thin bony plate.
 - Use of other materials that might have to be removed at a later date.
 - Bone loss or gum disease around implants.
 - Implant or other parts breaking, or loss of the implant.
 - Others: _____

Patient or Parent/Guardian Initials: _____

4. Prosthetic 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.
5. Unforeseen surgical conditions: 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.
6. No warranty or guarantee: 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.
7. Patient agreement to daily home care: 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.
8. I understand smoking is very, very harmful to the success of implant surgery. I agree to stop using all kinds of tobacco for 2-3 weeks before and after the surgery. I will make strong efforts to give up smoking.
9. Anesthesia: Local anesthesia Oral premedication with local anesthesia

Notes: _____

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

 Patient's (or Legal Guardian's) Signature

 Date

 Doctor's Signature

 Witness' Signature

Pre-op blood pressure: _____
Post-op blood pressure: _____

Pre-op oral temperature (F): _____