



Consent for Surgical Implant Placement

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Patient First Name:	Patient Last Name:	DOB:	Tooth(s) #:
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The purpose of this document is to provide written information regarding the risks, benefits and alternatives of the procedures named above. This material serves as a supplement to the discussion you have with your dentist. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your dentist prior to signing the consent form.

In some cases, will make a model of your jaw prior to your procedure. This model will serve as a 3 dimensional representation of the site where your implant is to be placed. The model will be used to make a cast. The cast is ground down in areas where bone should be removed. Then, a plastic model of the cast, called a stent, will be made. It looks like a denture base, but is clear.

In some cases, we will use the stent during your procedure to ensure the implant is placed precisely in the location desired. Your dentist will make an incision in the gum tissue to expose the bone in the area where an implant is to be placed. The exposed bone will be contoured with dental burs, and measured to allow only enough access for the implant to be placed. A file may be used to smooth the bone. Water may be used in the area to remove debris. The stent may be used to see if enough bone has been removed. If additional bone needs to be removed, the process will be continued. The implant will be torqued to the recommended pressure to allow adequate support for a future crown, bridge or denture. You may have a collagen plug, or allograft bone material placed into the implant site to aid in healing and bone integration, there may be additional charges incurred if my doctor deems these procedures are necessary. Once the placement is complete, your gum tissue will be closed with stitches.

RISKS

Known risks associated with implant placement include, but are not limited to: • Bleeding, Bruising and/or swelling at the treatment site. • Discomfort from incomplete numbing of the area. • Discomfort or pain from the injection site. • Incomplete relief of pain. • The procedure may need to be repeated. • Bone infection (osteomyelitis). • Problems with the bone healing properly. • Breakage of teeth or trauma to the gums. • Reaction to local anesthesia or other medicines given during or after the procedure. • Wound infection, poor healing or, reopening of the incision(s). Blood or clear fluid can also collect at the wound site(s). • Damage to the facial nerve(s). This may change the appearance of your face or make your tongue weak or numb. It may cause partial or complete paralysis of your face. • Damage to the jaw, jaw bone, or nearby structures. This may be discovered during the procedure, or at a later time once healing is complete and swelling has subsided. • Delayed or inadequate healing, or post-operative infection requiring removal of the implant. A new implant may or may not be possible in a later surgical procedure. • Possibility of involvement of the sinus, nerves, or nasal cavity which may require removal of the implant. • Rejection or poor toleration to the implant necessitating removal. • Difference in the appearance of the prosthetic replacement (false teeth) from the original teeth.

ALTERNATIVES

Nonsurgical restorations are also options to replace missing teeth such as: • A temporary partial denture (also known as a “flipper”) • A resin or cast metal based partial denture • A bridge • Complete upper or lower denture • OR You may choose not to have this procedure, and leave the space untreated.

OPTIONAL SEDATION

Additional fees and consents will apply should I elect to use one the following "elective" types of sedation for my procedure:

- ☐ Nitrous Oxide Sedation

CONSENT

- ☐ By signing below, I attest to the following: I fully consent to undergo implant surgery. I understand that there are no guarantees that the proposed treatment will be successful or that I will be completely or partially satisfied. I understand the treatment, the risks of such treatment, any alternatives that have been explained to me and the risks of these alternatives, the consequences of doing nothing about my condition, and the fee(s) involved. The doctor has explained this treatment/procedure and what it is for. The doctor has explained to me the alternative treatments that might be done instead, and what would happen if I decline this procedure. The doctor has answered all my questions. I know that I may refuse or change my mind about having this treatment/procedure. I have been offered the opportunity to read the consent form. I hereby give my consent to have this treatment/procedure.

Signature of Patient, Parent, Guardian or Personal Representative:	Name of Patient, Parent, Guardian or Personal Representative Relationship to Patient:
<div>Sign</div>	<div></div>