

## Dental Implant Consent Form

**1. ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION** What you are being asked to sign is a confirmation that we have discussed the nature and purpose of the treatment, the known risks associated with the treatment, and the feasible treatment alternatives; that you have been given an opportunity to ask questions; that all your questions have been answered in a satisfactory manner. Please read this form carefully before signing it and ask about anything that you do not understand. We will be pleased to explain.

**2. CONSENT FOR DENTAL IMPLANT** I hereby authorize and direct the implantologist dentist whose name appears above with associates or assistants of his or her choice to perform surgery upon me ( or upon any person identified above as the patient, for whom I am empowered to consent ) to insert dental implant(s) in my upper and/or lower jaw and/or placement of bone graft (etc) as needed.

**3. NATURE AND PURPOSE OF THE PROCEDURE** I understand incision(s) will be made inside my mouth for the purpose of placing one or more metal structures in my jaw(s) to serve as an anchor(s) for a missing tooth or teeth or to stabilize a crown (cap), denture or bridge. I acknowledge that the dentist whose name appears above has explained the procedure, including the number and location of the incisions to be made, in detail. I have been informed that the implant must remain covered under the gum tissue for at least three months before it can be used and that a second surgical procedure is required to uncover the top of the implant. Finally, I understand that this is a relatively new procedure. I have received anesthesia information, pre and post surgical instructions and diet information and have read and understand the information. Many times (70-80 per cent) Graft material and membranes will be placed in the areas of bone loss around the teeth/implant (for additional support to the implants) , these materials come from human, animal or synthetic sources or may include my own bone. Membranes may be used with or without graft materials depending on the type of bone defect present. I understand that some patients don't respond successfully to bone regenerative procedures. The procedure may not be successful in preserving function or appearance. Because each patient's conditions is unique, long term success may not occur. In rare cases the involved implant/bone graft may ultimately be lost.

**4. ALTERNATIVES TO A DENTAL IMPLANT** As implied above, alternatives to implant replacement may be fixed bridgework, removable partial and complete dentures. Infected teeth with sound roots and bone support may be treated by endodontic (root canal) therapy and restored with a post and crown. If presently wearing an ill-fitting denture, it should be replaced with a new one or relined for a better fit to keep the supporting tissue healthy. Non-replacement of missing teeth will usually cause movement of teeth, resulting in a collapsed bite, the correction of which may be difficult and costly.

To resume when you have a gap the **alternatives** to this treatment are:

1) No treatment your facial bone continues to shrink, the rest of the teeth are taking extra pressures and some teeth may move out of position.

Sometimes leaving the gap this is aesthetically unacceptable.

2) A removable denture –a non surgical, cheap and quick option, but taste and comfort are reduced and your facial bone still shrinks.

3) An adhesive Maryland bridge –there is the possibility that it could become de-cemented. Again you would consider this as a temporary restoration.

4) A bridge. – a non surgical option however the teeth on either side of the gap are joined together and the tooth enamel is removed

We discussed this and agreed it would be a shame to cut down the teeth on either side to prepare them for crowns unless it is absolutely necessary.

**5. AUTHORIZATION OF ANCILLARY TREATMENT** I also authorize and direct the dentist whose name appears above with the associate or assistants of his or her choice to provide such additional services as he or they may deem reasonable and necessary, including, but not limited to the administration of anesthetic agents; the performance of necessary laboratory, radiological ( X-ray), and other diagnostic procedures; the administration of medications orally, by injection, by infusion, or by other medically accepted route of administration; and the removal of bone, tissue and fluids for diagnostic and therapeutic purposes and the retention or disposal of same in accordance with usual practices.

**6. AUTHORIZATION FOR SUPPLEMENTAL TREATMENT** If any unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under general anesthesia or sedation, I further authorize and direct the dentist whose name appears above with associates or assistants of his choice to do whatever he deems necessary and advisable under the circumstances.

DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_

Signature \_\_\_\_\_

**7. NO GUARANTEE OF TREATMENT RESULTS** I understand that there is no way to accurately predict the healing capabilities of any particular patient following the placement of the implant and that complications do occur; and I confirm that I have been given no guarantee or assurance by the dentist whose name appears above, or by anyone else, as to the results that may be obtained from treatment.

**8. RISKS AND COMPLICATIONS ASSOCIATED WITH DENTAL IMPLANTS** I have been informed and understand that there are risks and complications from surgery, drugs, and/or anesthetics.

**9. SURGICAL COMPLICATIONS** Such possibilities include but are not limited to, infection, tissue discoloration ( bruising ), alteration in taste and/or numbness, tingling, increased sensitivity of the lips, tongue, chin, cheek or teeth which may last for an indefinite period and may be permanent. Also possible are injury to teeth if present, loss of bone, bone fractures, nasal or sinus penetration ( for implants placed in the upper jaw ), chronic pain, bleeding and decreased ability to open the mouth. I have also been informed that any procedure which is outside the mouth will leave a scar on the skin, and that although a good cosmetic result is hoped for, it cannot be guaranteed. I also understand that any of these treatment complications may necessitate medical, dental, or surgical treatment; may necessitate wiring of my teeth or jaws, and may require an additional period of recuperation at home or even in the hospital. Finally, I have been told that this treatment may not be successful, that problems may arise during the procedure which may prevent placement of the implant, and that rejection of this implant is possible which would necessitate its removal at any time after placement. Should this happen, I understand that it may be possible to insert another implant after a suitable healing period.

**10. DRUG AND ANESTHETIC COMPLICATIONS** If intravenous medications are used, there may be irritation of, or damage to the vein in which anesthetic medications are injected. I understand there are certain drugs and anesthetic risks, which could involve serious bodily injury, and are inherent of any procedure requiring their use.

**11. RISKS ASSOCIATED WITH NO TREATMENT** I understand that should I not have this implant procedure, one or more of the following may occur: faster dissolving of the jaw bone structure, increased difficulty wearing conventional dentures, increased loss of bony support of the face, lips and cheeks, increased difficulty chewing, pain and numbness, and fracture of a very thin jawbone.

**12. IMPORTANCE OF PATIENT COMPLIANCE** I agree and understand that the degree of success of any dental treatment is directly related to my cooperation and that, if I fail to cooperate as requested and instructed, I may suffer temporary or permanent injury to my dental and general health and to the dental work performed by my dentist. I understand that the success of dental implants depends to a great extent on my maintenance and meticulous hygiene throughout my mouth and especially around the implant posts where they come through the gum tissue. I understand that smoking, alcohol, improper dietary practices may affect gum and bone healing and will limit the success of the implant. I agree to follow home care and dietary instructions as prescribed. I will not wear my dentures as long as my dentist advises. I agree to return at regular intervals(at least every 6 months) as specified by the doctor for inspection of my mouth and implant cleansings by the doctor or the hygienist and to have performed such dental services as may be needed to maintain my oral health. This will involve regular and long-term follow –up care for the life of the implant. I agree to report immediately any evidence of pain, swelling, or inflammation around my implant(s) and agree to attend the office/hospital if necessary. A reasonable fee will be charged for these visits commencing one year after placement of my implant (s). I agree not to eat or drink anything for 6 hours prior to my surgery/anesthesia. Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Thus, I have been advised not to operate any vehicle, automobile, hazardous devices, or work while taking such medications and/or drugs; or until fully recovered from their effects. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four hours after my release from surgery or until further recovered from the effects of anesthetic medication and drugs that may have been given to me in the office or the hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery. Failure to follow these instructions may be life threatening.

**13. AUTHORIZATION OF USE OF DENTAL RECORDS** I authorize photographs, X-rays, or other viewing of my care and treatment during its progress may be used for educational purposes and research. I hereby state that I have read and I fully understand this consent form, that I have been given an opportunity to ask any questions I might have had, that those questions have been answered in a satisfactory manner.

DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_

Signature \_\_\_\_\_

### **Contraindications**

Accurate examination and diagnosis are required to understand the patient's health and oral conditions through inquiry, oral examination, and x-ray before implant treatment. The results may indicate that implant treatment is not possible. So

we will need your full medical-dental history plus your latest blood test.

**People who cannot undergo implant treatment (absolute contraindications)**

Young people in the growth process and patients with type 1 diabetes or immune deficiency usually cannot undergo implant treatment.

In addition, patients currently receiving radiation therapy, particularly, to their jaw, cannot undergo surgical treatment. Anesthesia may also involve risks, and osteomyelitis may occur.

Saliva production may decrease after radiation therapy. A decrease in saliva production often results in tooth decay or gum disease, and may make implant treatment difficult. Therefore, oral care must be implemented carefully after radiation therapy.

Some studies have indicated that hormonal therapy is associated with a high incidence of unsuccessful implant treatment. Therefore, special care is required in such cases.

**People who may not be able to undergo implant treatment (relative contraindications)**

The following conditions may prevent implant treatment: poor oral hygiene, gum disease, insufficient alveolar bone quantity, smokers, and type 2 diabetes.

In such cases, changes in lifestyle or management of symptoms through medical care may allow implant treatment.

It has been suggested that 50 % of postmenopausal women will develop osteoporosis. It follows that the development of osteoporosis weakens the alveolar bone. Consequently, implant placement surgery may be difficult in such cases, although osteoporosis is not always a contraindication. In such cases, implant treatment may be performed after bone is collected from other regions or artificial bone tissue is grafted and new bone is produced.

**THE PROCEDURE**

**Implant and a single crown or Implants and a bridge will be placed to give you a great natural smile. Your bite will be improved and the roof of your mouth will be healthier and more comfortable. The best lab is used for superior aesthetics, fit and feel. Having fixed teeth can promote confidence and wellbeing.**

Your teeth will be gently removed and implants placed the same day as the tooth is removed or 3-6 months after the tooth is removed. Bone grafting materials and membranes from human, animal or synthetic sources may be used if required for additional support to the implants. Medication will be given to make you as comfortable as possible during this minor surgical procedure. A home pack is given to reduce any discomfort, bruising or swelling after this minor surgical procedure. Stitches will be placed for 2 weeks. You may want to arrange a quiet time or time off work the week after the implants are placed. The implants will be placed and silver healing buttons will be fitted to shape the gum if the bone is strong enough. If not the implants will be hidden under the gum and the silver healing buttons placed 3-6 months later. The metal healing caps are visible above the gum. Maybe a temporary denture will be fitted on the day that the implants are placed. The denture may need relined or adjusted as your mouth heals.

After 3-7 months healing a mould will be taken for the final porcelain bridge. It will be tried in and fitted. There may be pink porcelain on the bridge to improve the appearance of the teeth.

After surgery, your temporary dentures if they are not screwed on the implants they will need to be left out for at least 2 weeks. However it may be possible to insert it after 3 days for appearance purposes only. A soft diet is recommended for 2 weeks after the implant is placed.

The bridge is long term temporarily cemented or screwed in so that we can access the implant for cleaning or adjustments. Due to the nature of the implant cement, this does mean that occasionally the bridge may debond. This is nothing to worry about and just requires an appointment to recement it. If this happens on multiple occasions then traditional cement can be used instead.

Smoking jeopardizes the health and life of the implant by stopping it knitting to the bone. It has been shown that people smoking 20 cigarettes per day or more will reduce their predictability of success by about 11%. We recommend giving up smoking at least 2 weeks before having treatment and refrain from smoking for 4-6 weeks after the procedure. In the long term bone can be lost from around the implant causing the gum to recede or loss of the implant is smoking is restarted.

DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_

Signature \_\_\_\_\_

The pink gum triangles between teeth are called papillae. After a tooth is removed these can blunt off leaving a gap. Perfection of the gum line around an implant is not realistic even after gum and bone grafting. There may be a space where the papilla normally sits or the crown may be slightly squarer in shape to help reduce this gap. The bridge may be longer

at the gum level compared with the adjacent teeth.

We have discussed that aesthetics many times depend on your smile line.

The naturally occurring rate of titanium allergy is extremely low. In a case of suspected allergy or lingering discomfort further testing would be carried out.

Everybody's bone, gum and teeth change over a lifetime. Significant future bone loss may mean that future implants or reimplantation requires more complex treatment or is not possible.

You may have an increased risk of bone loss around your implants if you have had gum disease or due to your underlying medical conditions.

Well controlled diabetics have slightly lower success rates than the average person. If you are an insulin controlled diabetic then the prognosis is reduced. If you are a poorly controlled diabetic then there is an increase risk of infection and rejection of a bone graft or an implant.

We are concerned about grinding and clenching forces on the implants. We therefore recommend the construction of a night bite guard.

### **General Outline of Treatment:**

#### **Phase one**

This is our consultation phase of treatment and will be completed when you sign this letter signifying your agreement to the treatment plan and estimate.

#### **Phase two**

Hygiene appointments and establishing a healthy mouth free from infection and decay. As you can imagine, it is important that your mouth is healthy and clean before any surgery. Any necessary impressions for temporaries and surgical guides are taken. This allows more precise placement of the implants.

#### **Phase three**

First surgical treatment to place the implants, bone and gum graft. The temporary is placed and then you are reviewed 2 weeks later.

#### **Phase four**

About 3-6 months later the impressions are taken. Then the implants will be connected to the final restoration.

Treatment takes about 3-12 months. In some circumstances the exact time frame of treatment can change in order to deliver the most predictable results and best aesthetic outcome.

### **IMPLANT SUPPORTED FULL DENTURES IF WE CAN NOT HAVE A FULL MOUTH BRIDGE**

**2 to 5 Implants and a removable click on denture will be placed to give you a great natural smile. Your comfort and security when eating, laughing and talking will be improved. The roof of your mouth will be healthier and more comfortable. The best lab is used for superior aesthetics, fit and feel. Having implants can promote confidence and wellbeing.**

DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_

Signature \_\_\_\_\_

Dentist full name and signature \_\_\_\_\_

**SIGNATURE AND FULL NAME ON EVERY PAGE**