

IMPLANT INFORMED CONSENT

Diagnosis: After an oral examination and study of my dental condition, I have been advised that my missing teeth may be replaced with a crown supported by a dental implant.

Recommended Treatment: In order to treat my condition, it has been recommended to use root form dental implants. I understand that the procedure for implants involves placing the implants into the jawbone, This procedure has a surgical phase followed by a prosthetic phase.

Surgical Phase of Treatment: I understand that my gum tissue will be opened to expose the bone, and implants will be placed by threading them into holes that have been drilled into my jawbone. The implants will have to be snugly fitted and tightly held in place during the healing phase. The gum tissue will be stitched closed over the implants. Healing will be allowed to proceed for three to four months.

I further understand that if clinical conditions turn out to be unfavorable for the placement of implants, my periodontist will make a professional judgment on the management of the situation. The procedure also may involve bone grafts to build up the ridge of my jaw and thereby assist in the placement of the implants.

The implants will require a second surgical procedure at the appropriate time to open the overlying tissue and verify the stability of the implants. Procedures to create a prosthetic appliance can then begin.

Prosthetic Phase of Treatment: I understand that at this point I will be referred back to my prosthodontist. This phase is just as important as the surgical phase for the long-term success of the oral reconstruction.

Principal Risk and Complications: I understand that some patients do not respond successfully to dental implants, and in such cases, the implants may be lost. Because each patient's condition is unique, long term success may not occur.

I understand that complications may result from the implant surgery. These complications include, but are not limited to post-surgical infection, bleeding, swelling and pain, facial discoloration, transient but on occasion permanent numbness of the lip, tongue, teeth, chin or gum. Jaw joint injuries or associated muscle spasm transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, injury to teeth, delayed healing, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

Necessary Follow-up Care and Self-Care: I understand that it is important for me to continue to see my dentist or prosthodontist. Implants, natural teeth and appliances have to be maintained daily in a clean hygienic manner. Implants and appliances must also be examined periodically and may need to be adjusted I understand that it is important for me to abide by the specific prescriptions and instructions given by my periodontist.

No Warranty or Guarantee: I hereby acknowledge that due to individual patient differences, one cannot predict certainty of success. There exists the risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best of care. In the event of the loss of an implant prior to the crown placement, a replacement will be attempted, if the conditions permit.

Signature _____

Date _____