

INFORMED CONSENT (for surgical implant placement)

Patient's name _____ Date _____

About the proposed treatment:

Surgical implant placement involves making a small hole into your jaw, then threading the implant into place in the same manner as a common screw may be inserted into wood. The implants are allowed to settle or "integrate" to the bone for several months. After integration, the implants may be placed into service anchoring crowns, bridges, or dentures.

Benefits and alternatives:

Dental implants can restore single or several missing teeth to help prevent drifting, decay, gum disease, and premature loss of remaining teeth. Multiple implants can be used to replace removable dentures, or they can be used in a more limited pattern to stabilize and retain removable dentures where there is inadequate bony ridge to allow your dentures to stay in place by themselves. Alternatives to implants may include traditional bridgework or conventional dentures, as appropriate to your particular situation.

Common risks:

- As in all surgical procedures, implant placement may not be perfectly safe.
- Following treatment you may experience bleeding, pain, swelling and discomfort for several days, which may be treated with pain medication or other methods.
- Holding your mouth open during treatment may leave you feeling stiff or sore, your lips red or cracked, and may cause difficulty for you opening your mouth wide for several days.
- You will receive a local anesthetic and/or other medications which carry risks, side effects, and drug interactions.
- Because treatment may involve contact with bacteria and non-sterile tissue in your mouth, you may also experience an infection, which may require further treatment including antibiotic therapy.
- Because everybody has different bone density, there may be inadequate bone to hold the implants, or alternatively, bone may be too dense to allow their safe insertion.
- Sometimes irregular or inadequate bone structure allows implants to "stick out" from the bone, causing soreness and possibly requiring modification or removal.
- If bone is inadequate so support implants, we may harvest additional bone from other areas of your mouth, leaving an additional wound to heal.
- Upper implants may extend close to the sinuses, and it is not possible to know exactly where the sinuses are located. Placing implants into this area may lead to sinus complications that may require further treatment, or may cause the implants to fail requiring their removal.
- Implant placement can result in damage to the nerves that run through your jaw, causing itching, tingling or burning, or the loss of all sensation. These changes could last from several weeks to several months or in some cases, indefinitely.
- Implant placement may cause a fracture in the surrounding bone, causing the surgical procedure to become more complex.
- The instruments used in placing an implant may unavoidably chip or damage adjacent teeth or dental restorations.
- Implants, once securely placed, may loosen over time and require surgical removal.
- Every effort is made to evaluate your situation for known risk factors that may cause complications, however, the healing process varies for each individual, and no guarantees can be made as to results.
- Unexpected additional treatment may become necessary due to complications of surgery. If unexpected difficulties occur during treatment, you may be referred to an oral surgeon, who is a specialist in dental surgery.
- In all events, unforeseen complications may increase the cost of proposed treatment, or may cause additional costs involved in treating complications, including costs involved in removing implants should that become necessary.

Alternative Treatments:

Depending on your diagnosis, alternatives to implant placement may exist which involve other disciplines in dentistry. Alternatives discussed:

- Conventional Bridgework Tissue-borne Removable Dentures No Treatment

Consequences of not performing treatment:

If you receive no treatment or ongoing treatment is interrupted or discontinued, your oral health may deteriorate due to failure to achieve the goals of your recommended dental implant placement.

Every reasonable effort will be made to ensure that your implant insertion surgery is completed properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed procedures, that you understand this information, and that all of your questions have been answered fully. You also give permission for information gained from your treatment to be used in clinical and economic research, practice marketing, and patient education activities and materials, provided that your identity is not reasonably discernible.

___ I give my consent for the proposed surgical implant placement procedures as described above.

___ I refuse to give my consent for the proposed surgical implant placement procedures as described above. I have been informed of the potential consequences of my decision to refuse this treatment.

Patient's signature / Date

Staff signature / Date