

**INFORMED CONSENT (for surgical mini-implant placement)**

Patient's name \_\_\_\_\_ Date \_\_\_\_\_

***About the proposed treatment:***

Surgical mini-implant placement involves making a small pilot hole into your jaw, then threading the mini-implant into place in the same manner as a common screw may be inserted into wood. The mini-implants are then attached to your denture with small resilient "O-rings" that allow some motion while providing stabilization.

***Benefits and alternatives:***

Surgical mini-implant placement can help to stabilize removable dentures where there is inadequate bony ridge to allow your dentures to stay in place by themselves. This can help create an environment which reduces soreness, enhances confidence, and improves your ability to chew food. Alternatives to mini-implants include full sized implants, no treatment at all, or the regular use of commercial denture adhesives.

***Common risks:***

Following treatment you may experience bleeding, pain, swelling and discomfort for several days, which may be treated with pain medication. Holding your mouth open during treatment may leave you feeling stiff or sore and your lips red or cracked, causing difficulty for you opening your mouth wide for several days. Because treatment involves contact with bacteria and infected tissue in your mouth, you may also experience an infection, which would be treated with antibiotics. 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. Implants, once securely placed, may loosen over time and require surgical removal. Some people may find it difficult to place or remove their dentures due to variation or changes in dexterity and vision.

***Consequences of not performing treatment:***

If you receive no treatment or ongoing treatment is interrupted or discontinued, you dentures can be expected to continue to be unstable and be difficult to chew with.

Every reasonable effort will be made to ensure that your mini-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 mini-implant placement procedures as described above.

\_\_\_ I refuse to give my consent for the proposed surgical mini-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

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**INFORMED CONSENT FOR MINI-IMPLANTS**