

### Patient Consent for Dental Implants

#### Dr. Ted | Periodontist

The following document is an outline of the discussion I have had with Dr. Ted regarding the surgical phase of dental implant treatment. I have discussed the following with Dr. Ted and all my questions have been answered to my satisfaction.

**Diagnosis** – After careful oral examination and study of my dental condition, my dentist has advised me that my missing tooth or teeth may be replaced with artificial teeth supported by an dental implant.

**Recommended treatment** – I understand that the procedure for dental implants involves placing implants into the jawbone. In this surgical procedure, local anesthetics will be administered to me as part of the treatment. My gum tissues will be opened to expose the bone. Implant(s) will be placed threading them in to hole(s) that have been drilled into my jawbone. The gum and soft tissues will be stitched closed over and around the implant(s). I understand that it is necessary to allow for a period of healing following placement of dental implants for the implant to fuse with the bone (osseointegration). My surgeon will determine the length of this healing period (in most cases, 3-6 months). I understand the dentures sometimes cannot be worn during the first one to two weeks of the healing phase.

I further understand that my surgeon may decide to cancel the implant surgery once it is underway if I need supplemental bone or soft tissue grafts to further prepare the site for implant placement, It may be discovered once the surgery is underway that I am not a candidate for implant treatment. I understand that in certain situations, cadaveric or autogenous bone graft may be needed during implant placement surgery. I consent to my surgeon to place any type of graft along with resorbable or non-resorbable membranes, as he deems necessary. I understand that if either bone or soft tissues grafts are place, there is a risk of rejection of the graft. If the graft or membranes are rejected, become infected or exposed following surgery, there may be need for complete or partial removal of the grafted material.

For implants requiring a second surgical procedure, the overlying tissues will be opened at the appropriate time , and the stability of the implant will be verified. If the implant appears satisfactory, an attachment (healing abutment) will be connected to the implant. Plans and procedures to create an implant prosthetic appliance can then begin.

I understand that the prosthetic phase is just as important as the surgical phase for the long-term success of the oral reconstruction. During this phase, an implant prosthetic device will be attached to the implant. The prosthetic phase has it's separate expenses, risks and benefits.

**Expected Benefits:** The purpose of bone grafting in your case would be to increase the width of the existing bone to allow for proper implant placement. It would also help to harmonize the esthetics of the region.

**Alternatives to Suggested Treatment** – I understand that alternatives to bone grafting surgery include, but not limited to: no treatment, or choose other alternatives for the restorative needs, for example, a bridge or a denture.

**Necessary Follow-up Care and Self-Care** – I will need to come for appointments following my surgery so that my healing may be monitored and so that my periodontist can evaluate and report on the outcome of surgery upon completion of healing. Smoking may adversely affect healing and may limit the successful outcome of my surgery. I know that is important (1) to abide by the specific prescriptions and instructions given by the periodontist, (2) to maintain a clean, hygienic oral condition daily and (3) continue to see my periodontist and dentist for periodic examination and preventative treatment.

I understand that additional maintenance and repair may be expected for the implants. I agree to follow pre- and post- operative instructions. I understand that it may become necessary to perform further surgery around the implant site to revise that hard or soft tissue structures. There may be need to place bone or soft tissue grafts either before or after placement of the dental implants.

**Principal Risks and Complication** – I understand that no specific estimate can be made regarding the period of the longevity and retention of the implant. It has also been explained to me that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If this schedule is not carried out the implant(s) may fail. I further understand that a small number of patients do not respond successfully to the dental implants, and in such cases, the implant may be lost.

I understand that complications may result from the surgery, drugs, and anesthetics. I understand that the exact duration of any complications cannot be determined. These complications include, but are not limited to:

- Post- surgical infection, bleeding, swelling and pain, facial bruising or discoloration.
- Transient but on occasion permanent numbness or tingling sensation in the jaw, lip, tongue, teeth, chin or gum.
- Jaw joint injuries or associated muscle spasm.
- 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.
- Allergic reactions.
- Damage to adjacent teeth, roots, bone or soft tissue structures
- Bone fractures
- Delayed healing
- Accidental swallowing of foreign matter.
- Loss of grafted material.

In addition, the success of dental implant can be affected by medical condition, smoking, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to my periodontists any prior drug reactions, allergies, diseases, symptoms, habits or conditions which might in any way relate to the surgical procedure.

**Bisphosphonates or Antiresorptive Drugs:** Bisphosphonates and antiresorptive drugs are used to treat osteoporosis, disease of the bone and certain types of cancer. The most common drugs include but are not limited to Forsamax, Boniva, Actonel, Aredia, Bonafos, Didronel, Skelid, Prolia and Zometa. I have advised the dentist if I have any history taking or having IV injection of these drugs. In some patients taking these medications, the ability of the bone to heal may be altered, interfering with the jaw's ability to heal normally. A risk of developing a complication called osteonecrosis of the bone (death of bone) that can occur with oral surgical treatment. I understand that a separate discussion and consent form is needed if I have history of using these medications.

**(Please check one box)**

I am taking or have taken a bisphosphonate or antiresorptive drug.

I have never taken a bisphosphonate or antiresorptive drug.

**Publication of Records** – I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after it's completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however without my permission.

#### PATIENT CONSENT

**I have been fully informed of the nature of dental implant surgery, the procedure to be utilized, the risks and benefits, the alternatives available, and the necessity for follow-up self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Ted. I hereby consent to have Dr. Ted perform dental implant surgery as presented to me during consultation and in the treatment plan presentation as described in this document. I also consent to the performance of additional or alternative procedures as may be deemed necessary in the best judgement of Dr. Ted.**

**Patient/Parent/Guardian Signature**

Clear

**Witness Name:**