

Wendel Family Dental Centre Consent for Dental Implant Surgery

Patient Name: _____ Date: _____ Acct #: _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE signing.

You have the right to be given information about your proposed implant placement so that you are able to make the decision as to whether to proceed with surgery. What you are being asked to sign is your acknowledgment that you fully understand the nature of the proposed treatment, the known risks associated with it, and the possible alternative treatments.

My planned procedure will involve placement of (#) _____ implant(s).

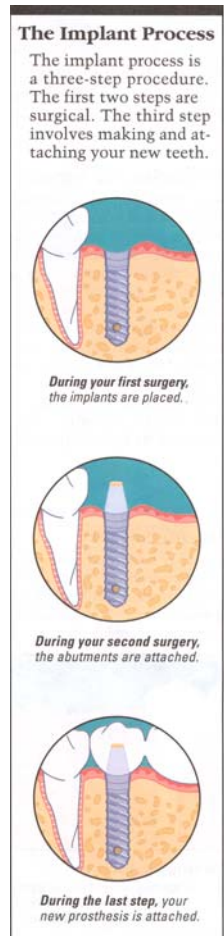
_____ I understand that dental implants may be placed by either a one-stage technique or two-stage technique. One stage means the implant will be surgically positioned with a portion of the implant protruding through your gum tissue at the completion of surgery. Two-stage surgery requires one surgery to place the implant, followed by a healing time, then a second surgery to uncover the implant and place a healing cap that protrudes through the gum tissue. Both the one-stage and two-stage implant placement techniques usually require a healing period before your dentist will be able to place a dental restoration. Your dentist will utilize the technique that is best suited for your condition.

_____ In certain unusual circumstances, and with very specific criteria, your dentist may elect to restore some or all of the implants immediately or shortly after the placement procedure.

_____ In certain cases, the surgery may involve additional materials and procedures (grafting with bone or artificial bone substitutes, use of healing membranes and associated fixation devices, impressions or indexing the implants, etc.). The need for those procedures may not be apparent until after the surgery has begun. I understand that additional fees may be charged without financial arrangements being made if additional procedures are deemed to be necessary.

_____ Alternative treatment methods such as bridges, flippers, and partial dentures have been explained to me.

_____ I understand that incisions may be made inside my mouth for the purpose of placing one or more dental implants in my jaw to serve as anchors to replace a missing tooth or teeth, upon which and abutment and a crown (cap), bridge or denture will be secured. I acknowledge that the procedure has been explained to my full understanding, including the number and location of incisions and the type of implant(s) that will be used. I understand that at a minimum there will be a charge for the implant, the abutment, and the crown, bridge, or denture.



Risks and Complications of Dental Implant Surgery include, but are not limited to (please initial):

- Post-operative discomfort and swelling that may require several days of at-home recuperation.
- Prolonged or heavy bleeding that may require additional treatment.
- Damage to adjacent teeth or roots of adjacent teeth.
- Post-operative infection that may require additional treatment.
- Stretching of the corners of the mouth that may cause cracking and bruising, and may heal slowly.
- Restricted mouth opening for several days; sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).

- Injury to nerve branches in the jaw or soft tissue resulting in tingling, numbness, or pain in the chin, lips, cheek, gums, tongue (including possible loss of taste sensation) or teeth on the operated side(s). These symptoms may persist for several weeks or months, and in some cases may be permanent.
 - Opening into the sinus (a normal hollow chamber in the bone above the roots of back upper teeth) requiring additional treatment. If the sinus is entered there may be symptoms of sinusitis for several weeks that may require certain medications and additional recovery time.
 - Fracture of the jaw or of thin bony plates.
 - Bone loss around the implants.
 - Certain other fixation devices may be used (screws, plates, membranes, etc.) that may either stay in place permanently or require later removal by another surgery. There may be unexpected exposure of these devices through the gum, causing their premature loss or removal, and possible loss of the implant.
 - Implant or prosthesis failure. Rarely, the implant or parts of the structure holding the replacement tooth, or the replacement tooth itself, may fail due to chewing stresses.
 - Rejection of the implant by natural body defenses. (If the implant is lost, it is usually possible to replace it in a later surgery after the bony defect has healed or been bone grafted to achieve adequate bone volume for another implant placement procedure)
 - Other: _____
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_____ No guarantee can be or has been given that the implant(s) will last for a specific time period. It is anticipated that the proposed treatment will offer measurable relief for my condition, or otherwise enhance my dental health. Nonetheless, it is not possible to predict the absolute certainty of success. I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed surgery will be completely successful in eliminating all pre-treatment symptoms or complaints. I acknowledge that there is the risk of failure, relapse, selective re-treatment, or worsening of my present condition, despite efforts at optimal care.

_____ I understand that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. This includes four to six month recall appointments after my implants are placed. If the planned schedule, including recall appointments, is not carried out, the implant(s) may fail.

_____ I understand that failure of an implant is typically anatomically related and does not mean treatment was performed below the standard of care.

_____ I understand that my doctor does not sell the implant device itself and makes no warranty or guarantee regarding success or failure of the implant or its attachments used in this procedure.

Consent

My signature below signifies that all questions regarding this consent have been answered to my satisfaction, and I fully understand the risks involved with the proposed procedures and anesthetic. I certify that I read, write, and understand English. I hereby give my consent for the planned surgery.

Signature of Patient or Guardian

Date

Guardian's Relationship to Patient

Witness' Signature