

IMPLANT SURGERY INFORMATION AND CONSENT FORM

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I also authorize and direct my doctor(s), with their associates or assistants, to provide such additional services as they may deem reasonable and necessary, including but not limited to, the administration of anesthetic agents; the performance of necessary laboratory, radiological (x-ray/cone beam ct scan) and other diagnostic procedures; the administration of medications orally, by injection, by infusion, or by other dentally accepted routes of administration; and the removal of hard and soft tissue and fluids for diagnostic and/or therapeutic purposes and the retention or disposal of same in accordance with usual practices.

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated, I further authorize and direct my doctor(s), with their associates or assistants, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure.

I have discussed with my doctor the risks associated with the surgical implant procedure and have consented to that procedure.

Alternatives to implant surgery and the implant prosthesis have been explained to me, including their risks. I have tried or considered these alternative treatment methods and their risks, but I desire an implant(s) and implant prosthesis to help secure and replace my missing teeth.

I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant prosthesis and the associated treatment and procedures. I am aware that the implant surgery and/or prosthesis may fail, which may require further corrective surgery associated with implant removal and a new or modified prosthesis.

I understand if nothing is done to correct my present dental condition, any of the following may occur: limited oral function; gum or bone disease; loss of bone; inflammation; infection; sensitivity; looseness and/or loss of teeth; shifting of teeth with bite changes; temporomandibular joint (jaw joint) problems; cosmetic deterioration and an inability to place implants at a later date due to changes in oral or medical conditions.

If I am going to receive oral or IV sedation, I agree not to operate a motor vehicle or hazardous device for up to twenty-four hours until fully recovered from the effects of the sedative drugs given for my care as selected by my doctor.

To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust or blood. I have noted any diseases, gum or skin reactions, abnormal bleeding or any other conditions relating to my health or any problems experienced with any prior medical, dental or other health care and treatment. If I am currently in treatment for any health problems, I certify that I have discussed the proposed implant procedure with my health care provider and have received his/her consent to undergo this implant procedure.

I fully understand that during and following the contemplated procedure(s), surgery or treatment, conditions may become apparent that warrant, in the judgment of my doctor(s), additional or alternative treatment pertinent to the success of the comprehensive treatment and therefore authorize such treatment modifications or alternatives as may become necessary in the judgment of my doctor(s).

As with any dental prosthesis or surgery, there are possible complications of which we feel you must be aware. These include, but are not limited to the following: Risk of improper fitting bridge work; risk of improper occlusion (bite); risk of prosthetic and/or material failure; loss of permanent teeth; loss of prosthesis and/or implant if dental disease develops due to improper home care or other reasons; loss of the implant and/or prosthesis if systemic disease develops; and wear or breakage of the implant components and /or prosthesis. Complications may include nerve damage with temporary or in rare instances permanent tingling or numbness; gum recession, infection and swelling. The development of any of these aforementioned risks may result in the need for surgical removal of the implant(s) and/or the replacement and/or modifications of the existing prosthesis. There are additional costs associated with the complications of treatment.

I have been advised that excessive use of tobacco and/or sugar (in diabetics) may affect the implant and the prosthesis, which may limit the success of this treatment. I agree to follow my doctor's instructions for home care, oral hygiene and agree to follow my doctor's instructions for follow-up care and treatment once the implant prosthesis and/or bone graft has been placed.

I have been advised that some grafting procedures used around implants contain synthetic and/or human components and that their use to augment necessary bone around implants are relatively new procedures and that information concerning the longevity of the particular graft/implant and the prosthesis to be used may not be available. However, I have discussed this, as well as the nature of the implant product to be used, and I consent to the procedure knowing its risks and limitations.

By providing my signature, I certify that I have read, have had explained to me, and fully understand the foregoing consent for implant/grafting/prosthetic treatment and that it is my intention to have the foregoing carried out as stated.

Signature: _____ Date: _____