

ASSOCIATES IN DENTISTRY

IMPLANTS & *General Dentistry*

PATIENT INFORMATION AND CONCENT FORM FOR IMPLANT

Patient's Name _____ Date of Birth _____

I am being provided with this information and consent form so I may better understand the treatment recommended for me. Before beginning, I wish to be provided with enough information, in a way I can understand, to make a well-informed decision regarding my proposed treatment. I understand that I may ask any questions I wish, and that it is better to ask them before treatment begins than to wonder about it after treatment has started.

Nature of Implant Placement Surgery

Dental implants are titanium metal screws surgically placed in the jaw as a substitute for natural tooth roots. Implants permit missing teeth to be replaced through the use of crowns, fixed bridges, or dentures, which attach to the top(s) of the implant(s). It has been recommended that I have a total of _____ dental implant fixtures placed in the following tooth positions or areas of my mouth: _____.

This recommendation is based on visual examination(s), on any X-rays, models, photos and other diagnostic tests taken, and on my doctor's knowledge of my medical and dental history. My needs and desires have also been taken into consideration. Implant placement surgery involves opening the gums and creating a hole in the jawbone for each dental implant. The dental implant is placed snugly in the custom hole created for it. The gums are then stitched closed over the implant. Follow-up visits are required. Following placement, implants require time to heal and attach to the surrounding bone before replacement teeth can be made to fasten on top of them. I understand my expected healing time will be 4-6 months. During this time, I may be without replacement teeth. A second surgery is then necessary to uncover the implant and prepare it for use. I understand that no guarantee, warranty, or assurance has been given to me that this treatment will be successful. After implant placement, it is estimated that I will be able to proceed replacing my missing teeth in 4-6 months.

Alternatives to Implant Placement Surgery

Depending on the condition of my mouth and my current diagnosis, there may be other treatment alternatives to implant placement and implant-supported tooth replacement. I understand that possible alternatives to an implants Supported prosthesis may be:

- Replacement of the missing tooth or teeth by a tooth-supported fixed bridge. Natural teeth next to the toothless space are used to support a bridge, which is cemented into place and is non-removable. This procedure requires drilling the natural teeth to properly shape them to support the fixed bridge.
- Replacement of the missing tooth or teeth by a removable partial denture or full denture. Partial and full dentures are removed from the mouth for cleaning.
- No treatment. I may decide not to replace the missing tooth or teeth. If I decide upon no treatment, my teeth may shift over time, causing chewing or gum problems.

I have had an opportunity to ask questions about these alternatives and any other treatments I have heard.

Patient Signature

Date

Risks of Implant Placement Surgery I have been informed and fully understand that there are certain inherent and potential risks associated with any type of surgical procedure, including surgical implant placement. I understand that during and following treatment, I may experience pain or discomfort, bleeding, swelling, and/or bruising, all of which may last for several days. I understand that it is possible for an infection to occur in or around the implant site and that I may need antibiotics and/or other procedures to treat the infection. I understand that less common complications include: injury to adjacent teeth and soft tissues; jaw fractures; sinus exposure and sinus infection (upper arch); limited ability to fully open your mouth; soreness in the jaw joints (TMJs).

Patient Signature

Date

Witness Signature

Date