

## **Nature and Purpose of the Procedure**

I understand incision(s) will be made inside my mouth for the purpose of placing one or more metal structures in my jaw(s) to serve as anchors for a missing tooth or teeth or to stabilize a crown, denture or bridge. I understand that this implant should last for many years, but that no guarantee that it will last for any specific period or time can be or has been given. I have been informed that the implant may or may not be covered under the gum tissue. I may be at least three months or more before it can be used, and a second surgical procedure may be required to uncover the top of the implant.

## **Alternatives to a Dental Implant**

The alternative to use an osseointegrated dental implant have been reviewed with me in detail, including no treatment at all; construction of a new standard dental prosthesis, augmentation of the upper or lower jaw by means of vestibuloplasty, skin and bone grafting, or with synthetic materials and implantation of another type of device. The advantages and disadvantages of each procedure have been explained and I choose to proceed with insertion of the osseointegrated implant.

## **Risks Associated with Osseointegrated Implant**

1. Post-operative discomfort, limitation of jaw movement and swelling, which may necessitate several days of home recuperation.
2. Bleeding will usually stop the day or night of surgery. Occasionally prolonged or heavy bleeding may require further treatment.
3. Bruising (greenish-yellow to black and blue color) may occur.
4. Injury to the roots and fillings of adjacent teeth. Closeness to other natural teeth may result in the need for additional routine dental care or rarely the loss of the involved tooth/teeth may result in damage to the tooth or tooth root despite the best care of the surgeon. This may result in the need for additional routine dental care or rarely the loss of the involved tooth/teeth.
5. A drug reaction is possible from any medication given and could include nausea, rash shock, and/or death. If any questions arise over medicine given for use after surgery, call the responsible surgeon immediately.
6. Post-operative infection may occur with or without the use of antibiotics, and despite the best care possible. If post-operative infection occurs, additional procedures may be necessary. Rarely, hospitalization may be required.
7. Stretching the corners of the mouth may result in cracking and/ or bruising or bleeding.
8. Although uncommon, breakage of the jaw or weakening of the jaw may occur. This may require wiring the teeth of jaws together or treatment by means of skin incisions with or without placement of metal plates. Metal plates, if used, must usually be removed in about six months by means of an additional surgery. Jaw fractures are usually managed in the hospital under general anesthesia.
9. Due to the closeness of nerves to the planned implant sites, especially in the lower jaw, it is possible to bruise, stretch, or damage a nerve during the insertion of the implants. Numbness, tingling, or a burning or drawing sensation of the lips, chin, cheek, gums, or tongue may occur.
10. This may continue for a few weeks, months, or in remote instances be permanent.

11. In the upper jaw, it is possible that an opening into the sinus may be created during insertion of the dental implant. In most instances, this will have no complicating result. Occasionally, it may cause sinus disease requiring further treatment, additional surgery to correct, and/or failure of the implant if it is placed.
12. Appropriate post-surgical pain medicine will be prescribed. It is possible, though exceedingly rare, that this will be less effective than the patient desires.
13. In approximately 10% of patients, despite an extensive pre-surgery evaluation, the size or shape of the bone as noted at surgery may make placement of all planned implants impossible. In these cases the surgery will be done in an altered manner if still possible. If it cannot be done, the incision will be closed without implant surgery placement.
14. The use of an artificial bone substitute may be necessary in some instances where bone shape or sizes less than believed prior to surgery.
15. Although we have chosen scientifically proven devices there is a failure rate with all such implant. The failure may result in inability to complete the treatment plan as discussed. Failure may result in bone loss requiring no care or grafting procedures. Failure may be resolved by future implants placed 12-14 months later, or result in implants not being a method available for treatment.

Routine post-operative care will be provided to all of our patients within the office at no additional charge. With post-operative complications that require additional surgery, an additional professional fee may be charged. In the unlikely event that hospitalization is required the patient will be responsible for all hospital related charges.

Options of care have been discussed and include local anesthesia alone, adjunctive intravenous surgery, the use of nitrous oxide or outpatient general anesthetic. Performance of the procedure(s) at the office has been discussed as an option.

Medication, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile, or hazardous devices, or work, while taking such medications and/ or drugs or until fully recovered from the effects of same. I understand and agree not to operate any vehicle or hazardous device for at least 24 hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery.

I understand that certain anesthetic or sedation risks, which could involve serious bodily injury, are inherent in any procedure where drugs are used to increase patient comfort. These include, but are not limited to: inflammation of veins used for the administration of the drugs; clotting within the veins resulting in limitation of movement; possible loss of work; possibly requiring medical care; loss of limb; and allergies and/or cardiac arrest and loss of life.

It has been explained to me, and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted.

I confirm that I have read this form, or it was read to me, and that all blank spaces were filled in and all inapplicable paragraphs, if any, were stricken before I signed below.

\_\_\_\_\_  
**Patients Signature**

\_\_\_\_\_  
**Date**

Physician Certification (is required)

I hereby certify that I have explained the nature, purpose, benefits, the usual and most frequent risks and hazards of, and alternatives to, the proposed procedure/operation; have offered to answer any questions and have fully answered such questions. I believe that the patient/ relative/ guardian understands what I have explained, and has consented to undergo the proposed procedure/ operation.

**Dentist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Certification**

I hereby certify that the patient/relative/guardian either: has acknowledged in my presence that he/she has received and explanation of the nature, purpose, benefits, usual and most frequent risks and hazards of, and alternatives to the proposed procedure/operation; has had all of his/her questions answered; has given his/her consent, and has signed to form where indicated; or after informed consent discussion and signatures above, has answered, "yes" to all of the following questions:

- A Did your doctor explain the operation to you?
- B Have all your questions about the operation or procedure been answered?
- C Is this your signature on the consent form?
- D Have you given your consent to the proposed operation or procedure?

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_