

INFORMED CONSENT FOR DENTAL IMPLANT SURGERY

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PATIENT NAME: _____ DOCTOR NAME: Dr. Rainier Urdaneta

PURPOSE OF THIS PAPER:

State law requires all patients to sign a consent form prior to any treatment. In order to give your consent for treatment you should be given as much information as practical. The information should include the nature, purpose, known risks, and the possibility of any alternative treatments. You should also have an opportunity to ask questions and receive satisfactory answers. We are giving you this form so that you can read it and discuss it with us when you meet with us. Since there are several pages contained in the consent form, we ask that you sign the bottom of each page to insure that you have read each section completely. **Treatment cannot be performed unless each page is signed and returned to us.**

NATURE AND PURPOSE OF THE PROCEDURE:

A dental implant is a machined piece of surgical grade titanium or Zirconia (a ceramic, metal-free alternative) that replaces the root of a tooth. It acts as an anchor for a dental prosthesis such as a crown, bridge, or a removable appliance (overdenture, partial denture).

After the implant is placed, the bone needs to heal around it usually about three months. During the healing time, a patient generally wears a temporary prosthesis or nothing. Although it is expected that an implant will last for many years, there can be no guarantee for any specific period of time for any given implant.

If you were referred to us for the implant placement, your dentist may have performed the prosthetic part of the procedure (crown, abutment, bridge).

ALTERNATIVES TO A DENTAL IMPLANT:

One alternative to dental implants is to do nothing at all. Other treatments could be a conventional prosthesis, such as a fixed or a removable bridge. The conventional fixed bridge requires that healthy teeth adjacent to the edentulous space be reduced. For removable denture retention, surgeon may alter or augment the upper or lower jaw by means of a vestibuloplasty (movement of muscle and cheek attachments, or bone grafting). There are advantages and disadvantages to each procedure.

NEED FOR ADDITIONAL TREATMENT:

In order to successfully complete surgery, other procedures may need to be performed. Additional treatments may necessitate certain analgesic (pain killers), anesthetics and antibiotics, either local or general, as well as the performance of laboratory and radiological (xray) procedures. Examples of other procedures include the removal of excess or unhealthy bone or soft tissue in the area where the implants are being placed. Hard tissue or soft tissue grafts may be needed around the site to give support to the implant. Sometimes ridge splitting or widening of the jaw is needed prior to implant placement. Irreversible prosthetic adjustments may have to be made to your existing dental prosthesis. If you have further questions, the doctor can explain each procedure, since they will be specific for each patient.

HARD TISSUE GRAFT:

Although hard tissue grafts are not always necessary, they are needed if there is minimal bone remaining. The bone grafting material may be synthetic, such as a resorbable ceramic.

POSSIBILITY OF FAILURE:

Although we know from our own experience and that from other clinicians from throughout the world that we can achieve a certain percentage of success, we cannot accurately predict for any individual patient what their chance of success will be. The reason for this is that we cannot accurately predict the bone healing capacity of any particular patient. We also recognize that a patient may not take proper care of their implant. Therefore, it is not possible to guarantee the longevity of any implant for any specific patient. Furthermore, there are certain medical conditions and medications such as diabetes, excessive alcohol use, excessive smoking, blood diseases, immune deficiencies, steroids, and radiation therapy that may reduce the success of an implant. In particular, the prior or current use of bisphosphonates such as Fosamax may negatively affect implant treatments.

RISKS AND COMPLICATIONS ASSOCIATED WITH DENTAL IMPLANTS

With every type of surgery performed there can be expected post-operative complications and sequelae. Sequelae common to implant surgery would include a certain amount of pain, swelling, bleeding, bruising, stiffness of the facial and neck muscles, limited mouth opening, changes in bite, numbness or unusual sensations of the cheeks, mouth or jaw which may be permanent.

The preceding list can be expected, but we also recognize that implant surgery, just as any surgery, can have complications. These include, but are not limited to, infection, tissue discoloration, alteration in taste and/or numbness, tingling, increased or decreased sensitivity of lips, tongue, chin, cheek, or teeth. There may be also an alteration in your speech. These situations may last for an indefinite period or may be permanent. Also possible are injury to teeth, loss of bone, bone fractures, nasal or sinus perforation, and chronic pain.

If complications occur, treatment of these complications may necessitate additional medical, dental, or surgical treatment, and it may even require an additional period of recuperation at home or in the hospital. It may be possible that after the surgery has begun the underlying bone may be in such a condition that it would prevent the placement of an implant. It is possible that rejection of the implant would necessitate its removal at any time. Generally, if this happens it may be possible to insert another implant after a suitable healing period. If for some reason the doctor feels the implant is not reacting correctly, the implant may have to be removed, altered, or replaced as needed.

DRUG AND ANESTHETIC COMPLICATIONS

Any time drugs of any sort including anesthetic drugs are used, there can be allergies or reactions that can occur and may require treatment. In some cases, anesthetic drugs can cause temporary or permanent numbness.

PROSTHETIC COMPLICATIONS

It is important to understand that there are certain limitations to the prostheses (tooth replacements) that will be constructed with implants. A patient who has lost a tooth (or teeth) is essentially orally impaired, and although dentists can greatly help that person, it is impossible to bring their oral state back to what originally was aesthetically and functionally. Just as an artificial leg is a tremendous help to an amputee, it is also important to understand that there are certain limitations to the prosthesis that will restore your implant.

Prosthetic components can suffer mechanical failures, such as loosening, fractured, and could possibly require replacement as wear and attrition and metal fatigue become significant. Cosmetic and functional compromises may be necessary with implant prosthetic treatments. The dislodgement and fracture of singular implant abutments, crowns, and implants are possible. The prostheses may necessitate replacement in the future, for which you will incur financial costs.

RISKS ASSOCIATED WITH NO TREATMENT

Just as we try to explain both the advantages and risks of the implants, it is also important to explain what can happen if there is no implant procedure. Without treatment, the following may occur:

Progressive resorption of the jawbone structure, increased difficulty wearing conventional dentures, increased loss of bony support of the face, lips and cheeks, increased difficulty chewing, potential fracture of a very thin jawbone and increased pain, numbness of the lip, jaw joint (TMJ) problems, drifting or tilting of the remaining teeth, inflammation, ulcerations, abnormal tissue growth associated with ill-fitting dentures or bridges.

THE IMPORTANCE OF COMPLIANCE

It is important that the patient realize that the degree of success of any dental treatment, including implants, is directly related to the cooperation of the patient. This depends on maintaining meticulous oral hygiene especially around the implant posts. Implants need to be **cleaned daily** just like teeth. We also know that smoking, alcohol, improper dietary practices, and oral health, habits such as grinding, clenching, and tongue thrusting may affect bone and gum healing, and may limit the success of the implant prosthesis.

The patient should report **immediately** any evidence of pain, swelling, or inflammation around the implants, or any problems with the attachments, or change in bite. A reasonable office fee is usually charged for these visits, just as they would be for any other dental procedure.

INFORMED CONSENT FOR TOOTH EXTRACTION

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CONSENT FOR SURGERY

DIAGNOSIS: Missing tooth (or teeth) _____

TREATMENT: Place dental implant in area of tooth (teeth) #: _____

TREATMENT FEES:

Every treatment plan varies, but by signing below you acknowledge that you are aware of our fees for your proposed treatment and agree to pay on the day of service. A dental implant also needs to have a crown or prosthesis, which is independent of the implant treatment. The fee for implant prosthesis is separate and will be charged by either your dentist or our office.

There is never any guarantee that dental insurance will pay for any of your treatment. Therefore, **you are personally responsible for the payment of all our fees regardless of your insurance coverage.**

This consent is comprehensive, for we have learned over many years that a well-informed patient is our best patient. We want to be sure that you have had every opportunity to understand your proposed treatment and its costs; therefore do not sign this consent form if you have any questions.

I hereby authorize and direct doctors and their assistants to perform the above-name treatment (or the person identified above as the patient for whom I am empowered to consent).

I have read and understand all three pages of this consent form. I also state that I have been given an opportunity to ask questions and that my questions have been answered to my complete satisfaction for both treatments and their financial costs.

Patient signature/legally authorized representative

Date

Witness signature

TO BE FILLED OUT BY STAFF

Preoperative vitals:

BP; _____

Pulse: _____

Oxygen: _____

Antibiotic: ☐ Amoxicillin ☐ Other _____

Pain Medications: ☐ Tylenol ☐ Ibuprofen ☐ Aleve ☐ Other _____