

INFORMED CONSENT FOR DENTAL IMPLANT PLACEMENT

Dental implants are titanium metal screws which are surgically placed in the jaw as a substitute for natural tooth roots for a single tooth or multiple teeth & can serve as anchors for *single crowns, fixed bridges, partial or full dentures*.

- At the initial surgery, the implant is covered with gum tissue & allowed to heal.
- After the implant has firmly attached to surrounding bone (4-6 months), the doctor performs a 2nd surgery to uncover the implant & evaluate its stability & integration with surrounding bone. If satisfactory, the implant will be prepared for restoration with a *crown, fixed bridge or denture* – at a separate fee from the implant surgery. If the implant lacks adequate stability, the doctor may determine that supplemental bone grafts or other procedures, including replacement of the implant, may be required.

Based upon clinical examination, x-rays, models, photos and/or other diagnostic tests, as well as my doctor's knowledge of my medical & dental history, and my own personal needs & desires, my doctor has determined the following:

CONFIRMATION OF MEDICAL HISTORY:

YES / NO History of taking bisphosphonates for **metastatic bone cancer**; Treatment year: _____

YES / NO History of taking bisphosphonates for **osteoporosis**: (i.e. *Boniva, Fosamax, Actonel, Reclast*, etc.)

YES / NO Radiation treatment to the head or neck area

YES / NO Bleeding problems

YES / NO Taking blood thinner medications or daily aspirin

YES / NO Taking anticoagulants (i.e. *Coumadin, Plavix, Lovenox, Fragmin, Angiomax*)

YES / NO Predisposed to food allergies, asthma or hives

YES / NO Pregnant, recent pregnancy or nursing

YES / NO History of taking *phenytoin, PHT, mephenytoin, valproate, phenobarbitone, vigabatrin, primidone*

YES / NO History of taking *cyclosporin, sirolimus, tacrolimus, ethosuximide*

What are my alternatives to implant placement surgery?

My doctor has discussed with me the risks & benefits of various alternative treatments, including *non-treatment*. Alternatives for replacement of a missing tooth/teeth may include the following:

- Tooth-supported fixed bridge. Teeth on either side of the missing tooth/teeth are prepared & crowned; a floss threader must be used to clean beneath the bridge.
- Removable partial denture/full denture. Partial and full dentures must be removed from the mouth for cleaning. Not all patients can adjust to wearing them due to changes in taste, speech, etc.
- No treatment. Without treatment, my teeth may shift over time, causing chewing/gum problems.

What are the risks of implant placement surgery?

All surgical procedures have risks, including surgical implant placement. Prior to surgery, I will be given a local anesthetic injection. The injection site(s) & jaw may be uncomfortable & sore following treatment. In rare situations; patients may experience a life-threatening *allergic or other adverse reaction* to the anesthetic, including *temporary or permanent numbness* due to nerve/blood vessel injury from the injection.

During & for a number of days following surgery, I may experience *pain or discomfort, bleeding, swelling and/or facial bruising*. Infections in/around the implant site may require treatment with antibiotics and/or other procedures.

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)*. Following implant placement surgery, I may have nerve disturbances such as *temporary or permanent numbness, itching, burning, or tingling of the lip, tongue, chin, teeth, and/or mouth tissues (more common in the lower jaw)*.

No two patients heal the same way. Implant(s) may fail to properly integrate & may require removal or additional bone grafting procedures. Tobacco use (*smoking or chewing*), excessive alcohol intake, poor eating habits, inadequate oral hygiene & certain medical conditions such as diabetes, affect how long an implant will last & increase the risk that the implant(s) will fail. Design & construction of replacement tooth/teeth can contribute to implant failure. I understand that despite proper implant placement, final cosmetic results may not meet my expectations.

I can read and write English. I have been given ample opportunity to discuss with my doctor & ask any questions regarding the nature, purpose, risks, treatment alternatives (including non-treatment) & fees associated with the proposed treatment. My questions have been answered satisfactorily. I voluntarily assume any & all possible risks which may be associated with any phase of this treatment in hopes of obtaining the desired result.

Signed: _____ Date: _____
Patient or Legal Guardian

Signed: _____ Date: _____
Treating Dentist