IMPLANT SURGERY & PROSTHETICS

Patient Name: _____

Date: _____

I understand dentistry is not an exact science and there is no guarantee of results. When undergoing Implant Surgery with Prosthetics there are certain risks and the potential for unsuccessful results. In order to minimize these outcomes, once treatment begins complete cooperation and participation is necessary.

The surgical procedure of placing dental implants has been recommended to me by Dr. _____ after careful examination.

Dental Implants with prosthetics offer the benefit of replacing missing natural teeth and offers support to dentures.

Dental implants are metal screws known as anchors which are set securely in the jawbone underneath the gum line as a substitute for the tooth roots. Posts are attached to the implants and artificial teeth are fastened to the posts.

The dental implant process typically requires two surgical procedures to install the implants. The first procedure involves drilling small holes into the jawbone and placing the anchors. The gums are then stitched closed. A temporary denture may be worn for a few months while the anchors bond to the jawbone and the gums and bone heal. The second procedure will uncover the implants to allow for the posts to be attached. After the posts are attached, the replacement teeth in the form of a fixed or removable bridge or a denture are fastened to the posts. Depending on your specific condition, bone grafting or guided tissue regeneration might also be necessary to install the anchors and posts.

An alternative to dental implants with prosthetics, depending on the condition of my mouth and diagnosis include but are not limited to:

- A fixed bridge supported by natural teeth next to the toothless space
- A removable partial denture or full denture
- No treatment which may result in shifting of the adjacent teeth over time leading to chewing or gum problems

I understand there are risks, potential complications and side effects with any dental procedure. Some of the possible risks associated with this procedure include, but are not limited to:
- Swelling and discomfort postoperatively
- Bleeding and postoperative infection accompanied by malaise or fever which may require immediate additional treatment
- Injury to adjacent teeth or their roots may occur which will require further dental care
- Injury to a nerve resulting in numbness, burning or tingling of the chin, lip, cheek, gum on the side on this the procedure in being performed as well as loss of taste in the case of the tongue. These nerve injuries can last for several weeks, months or in rare instances, be permanent.

- Muscle or jaw restriction of the mouth opening for several days or weeks as well as possible temporomandibular joint (TMJ) pain or dislocation
- In rare circumstances breakage or bone loss of the jaw
- Sinus involvement which would require additional surgery
- Failure of the implant
- Drug and medication reactions, although rare, may occur. These reactions could include redness, swelling, pain, itching, vomiting and/or anaphylactic shock

Most complications and risks are not serious or happen infrequently although could result in the necessity of repeating the treatment, additional dental care or treatment by another medical specialist. In very rare occasions, complications could result in permanent disability or death. I understand the use of tobacco products in any form and certain medical conditions such as diabetes can increase the risk the implant will fail and require removal.

By signing below, I am acknowledging I have read or had this document read to me in its entirety, have had the chance to ask questions and have them answered to my satisfaction so that I feel I understand the information as it is presented. I understand the potential risks, complications and side effects. I have elected to proceed with this dental treatment after having considered both the known and unknown risks, complications, side effects and alternative treatment methods.

Patient (or Legal Guardian) Signature: _____
Patient Printed Name: _____
Date: _____

Doctor's Signature: _____
Date: _____