

Explanation of Implant Surgery & Consent for Treatment



THIS INFORMATION IS PROVIDED SO THAT YOU MAY BETTER UNDERSTAND THE TREATMENT RECOMMENDED FOR YOU. WE WANT YOU TO FEEL CONFIDENT AND WELL-INFORMED ABOUT THE DECISIONS YOU MAKE FOR YOUR TREATMENT.

What is an implant? And what are my options?

A dental implant is a titanium surgical screw that is placed into the jaw to replace a missing natural tooth. They are the best way to replace a missing tooth, and can last a lifetime. There are three parts to the implant system: the implant itself, the abutment (which provides a surface for the crown to attach), and the final crown (which makes it look and function like a real tooth). **The implant is the part being placed today.** The abutment and crown have their own separate fees, and are placed several months later, after your body has fully incorporated the implant.

Dental Implant(s) are recommended for tooth/teeth #: _____

Alternatives may include partial dentures, fixed prosthetics (e.g. "bridge"), and postponing treatment. However, without treatment the following conditions may worsen with time: shifting teeth, decreased chewing function, bone loss, and potential jaw & joint problem caused by a deficient, collapsed or otherwise improper bite, among other possible outcomes.

What are the possible complications/risks?

Most dental surgeries are simple and safe outpatient procedures. The utmost care and caution is taken to minimize the risk of any significant complication. But as with any medical procedure, complications can and do occur, from mild to severe. Below are some, but not all, of the possible complications and risks associated with any type of dental surgery:

Common Reactions:

- Pain/soreness (sometimes with swelling). It may only last a day, but sometimes for up to a week or more.
- Bleeding. A certain amount of bleeding is expected and normal anytime a surgery is performed.

Other Possible Complications:

- Post-operative infection. Infection can slow healing, and cause pain and swelling. Antibiotics may be prescribed.
- Failure of the implant to integrate, leading to additional surgeries and/or additional bone loss in the affected area.
- Implant fracture. If an implant were to break, it may require additional procedures to repair or replace the broken implant.
- Damage to adjacent restorations (fillings, crowns, etc.) or teeth, such as chips or cracks. May require new restorations or even removal of a damaged tooth.
- Injury to nerve fibers. May cause prolonged or permanent numbness, itching, or burning of the lip, tongue, teeth, and/or chin.
- Damage to blood vessels. May cause significant bleeding, bruising, and swelling.
- Sinus Exposure. Caused when the surgery results in a connection between the mouth and the sinus space above the upper teeth.
- Osteonecrosis (long-term, destructive erosion of the jaw bone). Anyone who has ever taken bisphosphonates (often prescribed for osteoporosis or certain cancer treatments), or anyone who has had radiation therapy of the head and neck are at greatest risk.
- Other rare, but serious complications can occur, including death and disfigurement. Certain medications or conditions can increase the risk of serious complications. **Before treatment begins, please inform your doctor of all medical conditions you have and any medications/supplements you take, even if you think it is unrelated (write them here):**

Note: If complications arise that require additional procedures, any associated expense may be your responsibility.

Additional Information to Consider.

1. Failure to return for regular examinations and any recommended treatment can jeopardize the success of the implant system. Accordingly, I agree to release and hold Inman Park Dentistry harmless if my implant(s) fail as a result of not maintaining an ongoing examination and preventive maintenance routine as directed by my dentist.
2. I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post-surgical dental procedures. I am further aware that there is a risk that the implant placement may fail, through no one's fault, which then might require further corrective surgery associated with the removal. Such a failure and remedial procedures could also involve additional fees being assessed.

3. I understand that implant success is dependent upon a number of variables including, but not limited to: individual patient tolerance and health, anatomical variations, my home care of the implant, and habits such as grinding my teeth.
4. Smoking, alcohol or sugar consumption may affect tissue healing and may limit the success of the implant.
5. I understand that excellent home care, including brushing, flossing, and the use of any other device recommended by my dentist, is critical to the success of my treatment and my failure to do what I am supposed to do at home can contribute to the failure of the implants.
6. If an unforeseen condition arises in the course of treatment which calls for additional or different procedures from those now contemplated, I further authorize my dentist to do whatever he/she deems reasonably necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure(s).
7. I approve any reasonable modifications in design, materials, or surgical procedures, if my dentist, in his/her professional judgment, decides it is in my best interest to do so.
8. To my knowledge, I have given an accurate report of my health history. I have also reported any past allergic or other reactions to drugs, food, insect bites, anesthetics, pollens, dust; blood diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my physical or mental health or any problems experienced with any prior medical, dental or other health care treatment.
9. I authorize my dentist to make photos, x-rays, or any other visual aids of my treatment to be used for the advancement of implant dentistry in any manner my dentist deems appropriate. **However, no photographs or other records that identify me will be used without my express written consent.**

Authorization for treatment and acknowledgment of options

I acknowledge that I have reviewed and understand the information above, am aware of my treatment needs, options, and risks. I know that complications can occur, and that I am encouraged to discuss any concerns with my doctor at any time.

I _____, authorize Inman Park Dentistry to proceed with the recommended surgery described above.
(print name)

Patient Signature: _____ Date: _____

Doctor Signature: _____ Date: _____