



Consent For Implant Placement

IMPLANTS TO BE PLACED: _____ **DATE:** _____

Dental implants are a titanium root replacement device that is surgically installed into your jaw bone. In the surgery, the area will be anesthetized and the gum tissue will be reflected. A sequence of drills will be used to prepare a site for the implant. X-rays (radiographs) may be taken to assess angulation throughout the procedure. The implant will then be placed and torqued into the prepared site. The implant will be covered with a healing cap and the gums will be sutured around. The gum tissue will take 2-4 weeks to heal and the implant will take 3-6 months to integrate into the bone. Thereafter, a crown will be secured to the implant by your dentist. Throughout your healing it is important that you return for regular follow up care, routine cleanings, meticulous home care and avoid smoking.

WHAT IS COMMON TO EXPECT AFTER YOUR IMPLANT PLACMENT SURGERY:

- Pain: Usually the worst in the first 24 hours. Appropriate analgesics will be prescribed
- Swelling: Normally, greatest swelling occurs 2-3 days after the surgery
- Tooth sensitivity: Usually resolves after 2-3 weeks
- Gingival recession on adjacent teeth

ASSOCIATED RISKS AND COMPLICATIONS:

- **Infection following surgery:** This is unlikely if you use the prescribed medications and follow the instructions
- **Bleeding:** You can expect a small amount of bleeding and oozing for the first 1-2 days. Excessive bleeding following periodontal surgery may occur but it is unlikely if you follow the instructions
- **Implant Failure:** There is generally less than a 5% chance that your implant will fail to become successfully attached to your jawbone. Should your implant not properly attach, it would be removed and other options considered. It is anticipated that the implant, if successful, will function for many years if you keep regular tooth and implant maintenance care. However, this depends on many factors including good general health, excellent oral hygiene, and a smoke free lifestyle. Also, please note that implant crowns like those supported by natural teeth are subjected to wear and tear, and may need occasional repair or even replacement as dictated by their condition over the years that they are in function, even though the supporting implant continues to be healthy.
- **Never Damage:** Occasionally a nerve may be traumatized and may give altered (generally reduced) sensitivity for a period of days to months before returning to normal. In very rare instances, the change in the sensation may be more or less permanent. The altered sensation can vary from tingling, needles, burning to mostly numb feeling. There would be no effect on muscle movement or facial appearance.
- **Damage to adjacent teeth:** In very rare instances implant site preparation may result in damage to adjacent teeth. If this occurs further treatment may be necessary to deal with tooth damage
- **Proximity to the sinus:** Implant placed near the maxillary sinus on occasion may create small openings into this space during implant placement surgical procedure. The body normally heals any opening, although there may be some initial discomfort and/ or minor nasal bleeding or stuffiness. In some instances where the discomfort persists, additional medical treatment may be required at a later date. Very rarely, it may be necessary to remove the affected implant

I _____ understand that the description provided of the recommended treatment including expected benefits, alternatives, possible complications and estimated costs. In addition, all my questions have been answered to my satisfaction.

I hereby give consent to Dr. _____ and staff at Oakville Sleep Dentistry to perform the procedures outlined above. I understand that during the surgery, certain unexpected situations or conditions may become apparent and warrant modification of the planned treatment. I authorize the Doctor to complete the procedure to the best of his judgement.

I consent to photography, filming and recording of my oral and facial structures and the procedure, and their publication for educational and scientific purposes, provided my identity is not revealed. I give up all rights for compensation for publication of those records.

Patient Name: _____ Dentist Name: _____

Signature: _____ Signature: _____



DENTAL IMPLANT INFORMATION AND CONSENT FORM

I _____, give authorization to Dr. _____ to place dental implant(s) and appropriate prosthetics, according to my dental needs as indicated by the diagnostic studies and/or evaluations already performed.

I have discussed with Dr. Vasudeva the risks associated with the surgical placement of implants and have consented to the procedure. I understand that during treatment certain situations or conditions may become apparent and warrant modifications of the planned treatment. I authorize Dr. Vasudeva to complete the procedure to the best of his judgement.

Alternatives to implant surgery and implant prosthesis have been explained to me (i.e. dentures, bridge, no treatment) including their risks and I have chosen the option of implant placement

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 prosthesis and the associated treatment and procedures. I am aware that the implant surgery and/or prosthesis may fail, which may require further corrective surgery or the removal of the implant with possible corrective surgery associated with the removal. I understand that no refund will be made for failed implants or failed surgery unless otherwise agreed upon between myself and the doctor. Should another implant be placed, a separate fee schedule will be discussed.

As with any dental prosthesis, there are possible complications of which we feel you must be aware. These include, but are not limited to the following: risks of improper fitting bridge work: risk of improper occlusion/biting ; risks of prosthetic and/or material failure; loss of permanent teeth; loss of prosthesis and/or implant if dental disease develops due to improper home care or other reasons; loss of the implant and/or prosthesis. The development of any of these aforementioned risks may result in the need for surgical removal of the implant and the use of alternate forms of treatment.

I have been advised that excessive use of tobacco and/ or alcohol and/or sugar may affect the Implant and the prosthesis and may limit the success of this treatment. I agree that I will follow my dentist's instructions for home care and oral hygiene as well as their instructions for follow up care and treatment once the prosthesis has been placed. I acknowledge that yearly appointments which include, implant check and x-ray are a crucial requirement for proper implant maintenance.

I certify that I have read, have had explained to me, and fully understand the foregoing consent to implant prosthesis and that it is my intention to have the foregoing carried out as stated. I consent to the procedure knowing its risks and limitations.

I will assume the financial responsibilities as outlined in my treatment plan.

Patient Signature

Dentist Signature

Date