

## Dental Implant Consent Form

**Diagnosis:** After a careful oral examination and study of my dental condition, my periodontist has advised that my missing/hopeless tooth or teeth may be replaced with artificial teeth supported by dental implant(s). The procedure for dental root-form implants involves a surgical phase, during which the implant is placed into the jawbone, followed by a prosthetic phase with my dentist where artificial teeth or crowns are placed.

**Surgical Phase:** After an incision is made, my gums will be moved to permit access to the chosen site in my jawbone for implant placement. Bone grafting may be necessary to build up the ridge of my jaw in order to permit implant placement. The need for bone grafting will be discussed with me. The implants will be threaded into prepared site(s), and gum tissues will be stitched closed over or around the implant(s). Healing of the bone around the implant(s) will be allowed to progress for a period of 4 to 9 months. *Dentures can not be worn for a period of at least 1 to 2 weeks after implant surgery, or implant success may be compromised.*

**Expected Benefits:** To permit me to have more functional artificial teeth or improved appearance. The implants provide support, anchorage, and retention for artificial teeth or crowns. The design of these artificial teeth can be a critical factor in the success or failure of the implant.

**Principal Risks and Complications:** Despite the high rate of success of dental implants, some patients do not respond well to implant placement. Certain areas of the jawbone may have better "bone quality" or "bone quantity" than other areas. Infections in the implant site can occur, or the tight adaptation between the implant and the bone may not occur. In these instances, implant removal may need to be performed. Depending upon healing results in the site, a future attempt at re-implantation may be an option. No warranty or guarantee that implant therapy will be successful can be given, because it is impossible to predict how a patient will respond to implant therapy.

Possible complications resulting from implant surgery and anesthesia may include infection, bleeding, swelling, pain, and/or bruising of the face. *These complications can be minimized if post-surgery instructions are followed;* these instructions will be reviewed with me after the surgery procedure. In rare instances, numbness of regional soft tissues, bone, or teeth may occur, which can be temporary or permanent. With any of these complications, I should notify the office.

**Necessary Follow-up care and Self-Care:** Implants must be examined periodically, and they may require adjustment. *In addition, periodic maintenance visits with my dentist and periodontist in combination with my daily hygiene efforts are critical to protect my implant investment.*

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Witness