

PATIENT INFORMATION AND CONSENT FORM FOR IMPLANT SURGERY

Patient: _____

Date: _____

1. I, _____ authorize Dr. Pamela McClain, Dr. Rachel Schallhorn and/or such assistants as may be selected by her to provide implant surgery to remedy the conditions or symptoms which appear indicated by the diagnostic studies and/or evaluations already performed and to which have been explained to me: atrophy of the mandible/maxillae; provide support to replace missing teeth in the area; inability to wear previous partial or full denture; patient's desire to have implant therapy, _____.

2. I also authorize and direct my doctor(s), with associates or assistants of his/her (their) choice, to provide such additional services as he/she (they) may deem reasonable and necessary, including, but not limited to, the administration of anesthetic agents; the performance of necessary laboratory, radiological (x-ray), and other diagnostic procedures; the administration of medications orally, by injection, by infusion, or by other dentally accepted route of administration.

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated, I further authorize and direct my doctor(s), with associates or assistants of his/her (their) choice, to do whatever he/she (they) deems necessary and advisable under the circumstances, including the decision during the surgery not to proceed with the implant procedure.

3. Alternatives to implant surgery have been explained to me, including their risks. I have tried or considered these alternative treatment methods and their risks, but I desire an implant to help secure the replacement of missing teeth. I consent to the placement of an implants(s) under the gum or in the bone, and I understand the implant surgery procedure.

4. 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 and the associated treatment and procedures. I am aware that there is a risk that the implant surgery may fail, which might require further corrective surgery or the removal of the implant with possible corrective surgery associated with the removal.

5. The implant surgical procedure has been explained to me, and I understand the nature of this surgery and anesthetic procedures to be as follows: using oral premedication and local anesthesia, the gum tissue will be surgically reflected to expose the jawbone followed by precision drilling of small opening(s) in the bone and subsequent placement of specially designed titanium metal or specially coated implant(s) (screws/cylinders) designed to remain in the jawbone for an indefinite (but hopefully long) time period. Bone replacement graft(s) including bone from my body (autograft), from another person (allograft), other specially prepared bone or alloplastic (synthetic), or combinations of graft material and specially designed membranes may be used to enhance healing. The gum tissue covers or approximates the implant(s) and is sutured in place. After healing has occurred (usually 4-9 months), a second surgical procedure may be required to expose the implant and place a connection for healing and future attachment of the implant to a prosthesis (tooth replacement) _____.

Initials _____

PATIENT INFORMATION AND CONSENT FORM FOR IMPLANT SURGERY

6 . As with any surgical procedure, there are possible complications of which you (I) must be aware. These include, but are not limited to: limited oral function; post operative pain; swelling; bleeding; infection or abscess which may require treatment or drainage; temporary bruising of the face; allergic reactions to metal and medications; a change in sensation or numbness to the lip, chin, gum and/or tongue which may be of a temporary or permanent nature; an opening between the mouth and sinus or nasal cavity which may result in an infection and/or a persistent opening requiring other surgical procedures to resolve; injury to the teeth; temporomandibular joint (jaw) problems; and poor healing which may result in loss of the implant. I have also been advised that there is a risk that the implant or crown attached to the implant may break which could require additional procedures including the surgical removal of the implant. I have been advised that bone grafting and/or guided tissue regeneration may be necessary. Implants are firmly attached to the bone and do not move. At times the jaw may grow and give the appearance that the gums are receding around the implant(s).

7. I understand if nothing is done to correct my dental condition, any of the following may occur: limited oral function; gum or bone disease; loss of bone; inflammation; infection; sensitivity; looseness and/or loss of teeth; shifting of teeth with bite changes; temporomandibular joint (jaw joint) problems and an inability to place implants at a later date due to changes in oral or medical conditions.

8 . I have been advised that excessive use of tobacco, alcohol or sugar may affect gum healing and may limit the success of the implant. Because there is no way to accurately predict gum and bone healing capabilities of each patient, I agree to follow my doctor's home care instructions and to report to my doctor for regular examinations, professional dental cleaning and maintenance as instructed.

9 . I agree not to operate a motor vehicle or hazardous device for at least twenty-four hours or more until fully recovered from the effects of the anesthesia or drugs given for my care as selected by my doctor.

10. To my knowledge I have given an accurate report of my physical, dental and mental health history. If I am currently in treatment for any health problems, I certify that I have discussed the proposed implant procedure with my health care provider and have received his or her consent to undergo this implant procedure.

11. I certify that I have read, have had explained to me, and fully understand the foregoing consent to implant surgery, drug and anesthetic procedure(s), and that it is my intention to have the foregoing carried out as stated. I have been advised that information concerning the longevity of the particular implant to be used may not be available. However, I have discussed this as well as the nature of the implant product to be used, and I consent to the procedure knowing its risks and limitations.

Patient

Doctor

Witness (if available)

Parent or Guardian if patient is a minor

Dated: _____ Time: _____