

INFORMED CONSENT DISCUSSION FOR IMPLANT PLACEMENT

Patient name: _____ Date: _____

Facts for Consideration

Implant placement and restoration involves two major stages: surgical placement of the implant(s) followed by the restoration of the implant after healing and osseointegration (bone growth around the implant) has occurred.

Dr. Temlock will be placing the implant(s), which can be a two-stage surgical procedure. A surgical informed consent discussion will take place with Dr. Temlock and your questions will be answered.

Your general dentist will be completing the restorative phase and specific questions regarding the prostheses (crowns, bridges, over-dentures, or other customized restorations) will be answered during their informed consent discussion.

The following information is an outline of the dialogue Dr. Temlock and I discussed regarding the surgical phase of implant procedure:

Patient's initials

_____ A healthy mouth with sufficient bone mass is required for a successful implant result. I understand that additional dental treatment may be required prior to my implant surgery, and I had the opportunity to discuss these treatment recommendations with Dr. Temlock.

_____ I may require extractions prior to or after the placement of implants.

_____ I may require bone augmentation or tissue grafts before, during, or after implants are surgically placed.

_____ I understand that the restorative fees from my dentist are separate and dependent upon the restorative dentist's fee schedule. These may include implant abutment(s) or crown(s), bridgework, or other restorative treatment (if any).

Patient Criteria

Almost anybody who is missing teeth can benefit from implant treatment. Those who are experiencing chewing problems and difficulty wearing a removable appliance may benefit from a restoration anchored to an implant as a possible treatment plan. Those who do not have a disease or condition that interferes with proper healing (i.e., uncontrolled diabetes, immune suppression, radiation/chemotherapy for treating cancer), and who have sufficient bone that is dense enough to secure the implants are possible candidates for an implant treatment plan.

_____ I understand the importance of providing my complete medical history to any provider administering my implant treatment plan. I have reported any known medications, allergies, or prior reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health. If there have been any changes in my medications or medical history, I understand that I must notify Dr. Temlock directly and immediately.

_____ I understand that Dr. Temlock may decide to cancel the implant surgery once it is started if I need supplemental bone grafts or other types of grafts to build up the bone to allow proper placement, gum closure, and/or securing the implant(s) properly. It may even be discovered once the surgery begins that I am not a candidate for implant treatment.

_____ If any doubts persist after receiving explanations and reading this document, I have been encouraged to seek another opinion. It has been suggested that I discuss this procedure with my spouse, a relative, close friend, or another dental professional prior to making a decision.

Alternative Treatment Plans to Implant Placement

Option 1: No Replacement of Missing Teeth

_____ a. *Risks, not limited to the following:* Compromised aesthetics and possible drift of adjacent and/or opposing teeth into the space(s) with the resultant collapse of the jawbone integrity. I understand that if treatment is delayed or no treatment is elected, dental implants may not be a possibility in the future due to changes in oral and/or medical conditions.

_____ b. *Benefits, not limited to the following:* No additional costs at this time.

_____ c. *Consequences if no treatment is administered, not limited to the following:* I understand that I can choose to do nothing and my present complaint(s) will continue and may worsen. Subsequent choices for treatment or repairs may become more difficult, expensive, or not feasible.

Options 2 & 3: Removable or Fixed Appliances

_____ Removable or fixed appliances without implants have been explained to me by Dr. Temlock as an alternative to implant supported restorations. The risks, benefits, treatment options, and alternatives of these appliances were also explained to me and I understand them.

Implant Surgical Treatment Plan

_____ Dental implants are metal anchors placed into the jawbone to support artificial teeth where natural teeth are missing. When the bone attaches itself to the implant, these implants act as tooth root substitutes and form a foundation to stabilize the customized, artificial teeth.

_____ I understand the placement of implants and the fabrication of compatible prostheses are two separate treatments with separate expenses and separate risks and benefits.

_____ I understand that in order for the implants to be surgically placed my gum tissue will be excised to expose the bone. Implants will be delivered by pushing or threading the implant(s) into holes made in the bone. The implants will have to be snugly fitted and held tightly in place during the healing phase.

_____ I understand that the soft tissue may be sutured over or around the implants. A periodontal bandage or dressing may be placed. Healing will be allowed to proceed for a period of three to nine months before the restorative phase begins.

_____ I understand that implants may require a second minor surgical procedure where the overlying tissues will be opened and/or excised at the appropriate time and the stability of the implant will be tested. If the implant appears satisfactory, an attachment will be connected to the implant (an abutment). Then, the restorative phase to create a prosthetic appliance or crown(s) can begin.

_____ I understand that no specific estimate can be made regarding the period for the longevity and retention of the implant. If fixtures have to be removed, I should be able to use a conventional denture or partial denture or possibly have additional fixtures placed in the future. It has also been explained to me that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If this schedule is not followed to completion, the implant(s) may fail.

_____ I understand that additional maintenance and repair may be expected for the implants. I am responsible for all surgical costs after the first year of treatment. I agree to follow pre- and post-operative instructions.

_____ I understand that dentures or removable prostheses usually cannot be worn during the first one to two weeks of the healing phase.

_____ I understand that the practice of dentistry is not an exact science. No guarantees or assurances have been made regarding the outcome or the results of treatment or surgery.

_____ I understand that there may be post-operative bleeding, swelling, pain, infection, facial discoloration, temporary or, on occasion, permanent tooth sensitivity to hot, cold, sweet, or other liquids/foods. A temporary or permanent numbing of the surgical area may occur affecting my teeth, lips, skin, chin and tongue which can possibly affect my sense of taste. I understand that I may see changes in the appearance of my gums. They may be in a different position on the roots or there may be spaces between the teeth that are larger. I also understand that there may be a need for a additional procedures if the initial surgery is not entirely successful.

_____ I understand that dental xrays are required throughout the treatment planning, surgical, and healing phases of my implant treatment.

Risks, Benefits and Alternatives

_____ a. *Risks, not limited to the following:* Though dental implant surgery has a high rate of success, like all surgery it carries the possibility of complications including, but not limited to the following: swelling that worsens after 48 hours; intense pain that cannot be relieved by prescription medication; infection; permanent loss or alteration of nerve sensation resulting in numbness or tingling sensation in the lip, tongue, cheek, skin, chin, gums, or teeth; sinus complications; excessive or prolonged bleeding; TMJ (temporomandibular jaw joint) pain or abnormal function of the jaw; jaw fracture; adjacent teeth, roots, fillings, or bridgework injuries or damages; bone loss around the implant; and implant failure. I understand that if any of the above occurs I must immediately contact Dr. Temlock.

_____ b. *Benefits, not limited to the following:* Increased chewing efficiency, improved appearance, and speech are the most common benefits.

_____ c. *Consequences of implants and prostheses in the mouth:* I understand that smoking, excessive alcohol consumption, chewing hard foods such as ice or hard candy, may result in damage to my implants and can cause them to fail completely. Additionally, I understand that a medical condition can compromise the longevity of an implant.

_____ I understand that I must keep my implants and prosthesis clean by daily maintenance as well as regular checkups and cleanings at my dentist's office.

_____ I understand that I will receive a local anesthetic by injection and/or other medication(s). In rare instances, patients have a reaction to the anesthetic, which may require emergency medical attention or find that it reduces their ability to control swallowing. This increases the chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury occurs resulting in loss of feeling of the teeth, chin, skin, lips, gums, or tongue. Additionally, partial loss of taste can result from an injection.

Check only one of the boxes below that applies to you:

- After thorough deliberation, I consent and direct Dr. Temlock to perform any and all procedures related to dental implants, bone grafts, or other related procedures. I confirm that I have been given no guarantee or assurance by anyone as to the results that may be obtained from implant placement, bone graft, or prosthetic treatment. I am aware of the fee that is due at the time of surgery and that extra fees may be incurred during surgery that could not be anticipated prior to surgery.

- I refuse or decline to give my consent for the proposed treatment as described above and understand the potential consequences associated with this refusal.

Patient's or Patient's Representative's Signature

Date

I attest that I have discussed the risks, benefits, consequences, treatment options, and alternatives regarding dental implants with my patient. My patient had the opportunity to discuss these topics and ask questions, and I believe my patient understands what has been explained.

Dr. Temlock's Signature

Date

Witness' Signature

Date