

## CONSENT FOR DENTAL IMPLANT SURGERY

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Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

**Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.**

You have the right to be given information about implant placement so that you can decide if you want to have the surgery. You will be asked to sign this form saying you understand what will be done, the risks that can happen and the other kinds of treatment that you could have.

Your diagnosis is: \_\_\_\_\_

Your Planned Treatment is: \_\_\_\_\_

Alternative treatment: methods include: \_\_\_\_\_

- \_\_\_\_ 1. I understand that cuts (incisions) will be made in my gums and holes drilled in my jawbones to put in one or more dental implants. They will be the base for replacement of one or more missing teeth or to hold a crown (cap), bridge or denture (plate). The doctor has explained the procedure, told me about the incisions and what kind of implant will be used. If a crown, bridge or denture is to be attached to the implant(s), Charlotte Progressive Dentistry will do this, and I will be billed for this procedure as well.
- \_\_\_\_ 2. I may need additional procedures to uncover the top of the implant, trim the gum tissue or to add bone or gum tissue. No one has promised how long an implant will last and complete failure of the implant(s) is possible. I have been told that once the implant is put in, I need to follow through with the whole treatment plan and finish it in the time that is set by my doctor. If this is not done, the implant(s) may fail.
- \_\_\_\_ 3. My doctor has explained to me that there are risks and side effects of any surgical procedure. For this procedure, the main risks include, but are not limited to:
- \_\_\_\_ A. Post-operative pain and swelling. I might need to stay at home for several days to heal.
  - \_\_\_\_ B. Bleeding that is heavy or lasts for a long time that might need more treatment.
  - \_\_\_\_ C. Injury or damage to teeth or roots of teeth that are near by the place of the implant.
  - \_\_\_\_ D. An infection after the procedure that might need more treatment.
  - \_\_\_\_ E. Stretching of the corners of the mouth that might cause cracking and bruising and might heal slowly.
  - \_\_\_\_ F. It might be hard to open my mouth for several days. This might be from swelling and muscle soreness, from stress on the jaw joints (TMJ), or from local anesthetic injections.
  - \_\_\_\_ G. Implants placed in the lower jaw could harm one of the nerves in or near the jawbone and after the surgery; there might be pain or a numb feeling (parasthesia) in my chin, lip, cheek, gums, teeth or tongue. It is possible that I might lose my sense of taste. This might last for weeks or months. It can be permanent, but this rarely happens.
  - \_\_\_\_ H. Implants placed in the upper jaw could cause an opening into the sinus or nose or an infection that might need additional treatment.
  - \_\_\_\_ I. Fracture of the jaw or a hole in a thin bony plate.

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- \_\_\_\_\_ J. Use of other materials that might have to be removed at a later date.
- \_\_\_\_\_ K. Bone loss or gum disease around implants.
- \_\_\_\_\_ L. Implant or other parts breaking, or loss of the implant.
- \_\_\_\_\_ M. Other: \_\_\_\_\_

- \_\_\_\_\_4. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done
- \_\_\_\_\_5. I understand that my doctor does not make or sell the implant device itself and can't promise that it will be perfect.

### ANESTHESIA:

LOCAL ANESTHESIA: (Novocaine, Lidocaine, etc.) A shot is given to block pain in the area to be worked on.

NITROUS OXIDE WITH LOCAL ANESTHESIA: Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation.

ORAL PREMEDICATION WITH LOCAL ANESTHESIA: A pill is taken for relaxation and relief of anxiety prior to giving local anesthesia.

Whichever technique you choose, giving any medication involves certain risks. These include:

1. Nausea and vomiting.
2. An allergic or unexpected reaction. If an allergic reaction is severe, it might cause more serious breathing or heart problems which may need treatment.

In addition, there may be:

1. Pain, swelling, or infection of the vein area where the anesthesia or sedation was given.
2. Injury to nerves or blood vessels in the vein area.
3. Confusion, or a long period of sleepiness after surgery.
4. Heart or breathing responses which may lead to heart attack, stroke, or death.

Fortunately, these complications and side effects are not common. All forms of Anesthesia are generally very safe, comfortable, and easy to deal with. If you have any questions, PLEASE ASK.

I have read and understand the above and give my consent for:

- Local Anesthesia
- Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
- Oral Premedication with Local Anesthesia

- \_\_\_\_\_6. **YOUR OBLIGATIONS IF ORAL PREMEDICATION IS USED**
- A. Because you will be very sleepy or relaxed after having Oral Premedication, a responsible adult MUST come with you to drive you home and stay with you until you are recovered enough to care for yourself. This could take up to 24 hours.
  - B. During this time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

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C. It is important that you take any of your regular medications (high blood pressure, antibiotics, etc.) or medications provided by this office as prescribed.

\_\_\_\_7. I understand smoking is very, very harmful to the success of implant surgery. I agree to stop using all kinds of tobacco for 2-3 weeks before and after the surgery. I will make strong efforts to give up smoking.

\_\_\_\_8. I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed. I give permission to Charlotte Progressive Dentistry to publish the photograph, in whole or in part, and to permit its use in any media format, whether in print form, online, or any other magnetic, optical, electronic and online form of publication or transmission, to permit republication or other reuse of the photograph, and to otherwise own and use without limitation any and all rights in the photograph.

**CONSENT**

I understand that my doctor can't promise that everything will be perfect and no guarantees have been made to me regarding the final treatment outcome or the length of time the implant(s) and future prosthesis will last. I understand that if certain complications or side effects occur, further treatment may be required by a specialist. All costs incurred will be my responsibility. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature Date

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

\_\_\_\_\_  
Witness' Signature Date