9600 Blackwell Road, Suite 101
Rockville MD 20850

(T) 301-330-9644 (F) 301-330-9644
Email: info@dlightdental.com

Dental Implant Surgery Consent Form

Recommended Treatment: After a careful oral examination, radiographic evaluation and study of my dental condition, the dentist has advised me that my missing tooth/teeth may be replaced with artificial teeth supported by one or more dental implants. The procedure involves placing titanium dental implant screws into the jawbone. This procedure has 2 phases, surgical phase (placing the implants and later exposing them) followed by a prosthetic phase (getting the replacement teeth attached to the implant). This office only does the surgical phase. My general dentist or prosthodontist would do the prosthetic phase.

Surgical Phase of Procedure: A local anesthetic will be used during the implant surgery. Other forms of sedation, such as nitrous oxide (laughing gas) or sedative pills might be used. Gum tissue will be cut open and pulled away to expose the jawbone, a hole or holes will be drilled into the jawbone, and the titanium dental implant screw(s) will be placed. The implants will have to be snuggly fitted and held tightly in place during the healing phase. The soft tissue (gum) will be sutured over, closed over or around the implant(s). Healing will be allowed to proceed for a period of three to six months. I understand that dentures cannot be worn during the first few weeks of the healing phase until my doctor allow.

_____ In certain unusual circumstances, and with very specific criteria, your surgeon and restoring dentist may elect to restore some or all of the implants immediately or shortly after the placement procedure. This technique is called "Immediate Load" and it carries some increased concerns about bone and implant healing.

____ In certain unusual circumstances, "Temporary Implants" may be placed to temporarily anchor a provisional dental restoration while the other implants heal. This technique carries some increased concerns about the longevity of the "temporary" implants. "Temporary" implants are usually removed in
the final treatment phase.

After the required healing time period, the implant will need to be exposed. A local anesthetic will be given, the overlying tissues will be opened and pulled away, and the stability of the implant will be verified. If the implant appears satisfactory, an attachment will be connected to the implant. If all goes as planned with no complications, plans and procedures to create an implant prosthetic, appliance or artificial crown may begin with your general dentist or prosthodontist.

Prosthetic Phase of Treatment: I understand this is not the entire process of the implant treatment. I understand after three to six months of healing time, I will be referred back to my general dentist or prosthodontist to have implant crown placed. This phase is just as important as the surgical phase for the long-term success of the oral reconstruction. I understand that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If the planned schedule is not carried out, the implant(s) may fail.

Expected Benefits: The purpose of dental implants is to allow me more functional artificial teeth and/or improved appearance. The implants provide support, anchorage, and retention for artificial teeth or crowns.

Principal Risks and Complications: Some patients do not respond successfully to dental implants, and in such cases, the implant may be lost. Implant surgery may not be successful in providing artificial teeth. Because each patient's condition is unique, long-term success may not occur.

Complications may result from the dental implant surgery involving the gums and jawbone, or from drugs or anesthetics. These complications include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial bruising, transient (on rare occasion permanent) numbness of the jaw, lip, tongue, chin or gum, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, perforation of the drill hole into the sinus if an upper implant is being

placed, accidental swallowing of foreign matter, and transient (on rare occasion permanent) increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods. The exact duration of any complication cannot be determined, and they may be irreversible.

I understand that the design and structure of the artificial tooth/teeth can be a substantial factor in the success or failure of the implant. It is always possible to have a successful, solid implant and the connection between the implant and the gum and/or bone may fail right away, or even months or years later, necessitating the removal of the implant.

It has been explained to me that during the course of surgery unforeseen conditions may be revealed that will necessitate extension of the original procedure or a different procedure from that which was planned (for example, changing from a one-stage to a two-stage process, use of bone grafting techniques involving substitute material or locally available bone particles, etc.). I give my permission for such additional procedures that may be indicated in my doctor's professional judgment.

Alternatives to Suggested Treatment: Alternative treatments for missing teeth include:

1. No replacement
2. Removable dentures, however, continued wearing of ill-fitted and/or loose removable denture can result in further changes to the bone support of the remaining teeth and to the gum tissue of my mouth.
3. Dental bridges

No Guarantee and no Warrantee: No guarantee can be or has been given that the implant(s) will last for a specific time period. It is anticipated that the proposed treatment will offer measurable relief for my condition, or otherwise enhance my dental health. Nonetheless, it is not possible to predict the absolute certainty of success. I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed surgery will be completely successful in eliminating all pre-treatment symptoms or complaints. I acknowledge that there is the risk of failure, relapse, selective retreatment, or worsening of my present condition, despite efforts at optimal care.

I understand that a major factor in the success of implants is following my doctor's instructions and continual proper maintenance of the implants and replacement teeth. I agree to follow the dentist's directions regarding proper cleaning of the implants with maintenance visit and replacement teeth and return for follow-up appointments as prescribed by the dentist.

I understand that after the implants are properly healed, additional surgical procedures may be necessary to uncover the implants from beneath the gum. I understand that the replacement of my missing teeth using replacement teeth anchored to the implants is not the responsibility of surgeon and I acknowledge that I have arranged for the construction of these replacement teeth.

Necessary Follow-up Care and Self-Care: I understand that it is important for me to continue to see my general dentist for routine dental care, as well as to get the implants restored with artificial teeth. I have told the dentist and/or his/her staff about any pertinent medical conditions I have, allergies or prescription medications (especially Bisphosphonates) I am taking, including over the counter drugs such as aspirin. I understand I will need to come for post-op appointments following my surgery so that healing may be monitored and so the dentist may evaluate and report on the outcome of surgery to my general dentist and/or prosthodontist. I further understand that smoking excessive alcohol intake or inadequate oral hygiene may adversely affect healing and may limit the successful outcome of my surgery.

I know that it is important to:

1. Abide by the specific prescriptions and instructions given to me
2. See the dentist for post-operative care as needed
3. Quit smoking, Implant failure rates are several times higher in smokers

9600 Blackwell Road, Suite 101
Rockville MD 20850

(T) 301-330-9644 (F) 301-330-9644
Email: info@dlightdental.com

4. Perform excellent oral hygiene once instructed to: usually 1 week after the surgery is performed.
5. Have my general dentist or prosthodontist restore the implant(s) once they are healed and I have been told I am ready for the prosthetic phase.

Bone Graft Materials: Sometimes bone grafting is necessary and performed at the time of the implant placement to build more bone around the implant screw if there is an inadequate width of bone due to bone loss or to grow bone at the bottom of some upper back teeth implants in order to "push" the sinus floor upward. The sources of bone graft material are from human organ donors and/or from bovine (cow) processed in accordance with FDA regulations thru FDA approved commercial bone banks/processors. Sometimes sterile, medical grade calcium sulfate (plaster) is mixed with the bone. Plaster is inserted and resorbs completely in eight weeks; this is a good source of extra calcium content for obtaining a successful bone graft. A covering and associated fixation devices may be placed over the bone graft, either a non resorbable (needs to be removed) or a medical grade, resorbable sterile collagen (commonly called collagen barrier) in a wafer form derived from either bovine (cow) or porcine (pig) Achilles tendon. The purpose of the barrier is to keep the bone graft material in place. The need for those procedures may not be apparent until after the surgery has begun.

Publication of Records: I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for either the advancement of dentistry or in promotional materials. My identity will not be revealed to the general public.

Communication with my Insurance Company: My Dentist or other Dental/Medical Providers involved with my care: I authorize sending correspondence, reports, chart notes, photos, x-rays and other information pertaining to my treatment before, during and after its completion with my insurance carriers, the doctors billing agency, my dentist, and any other health care provider I may have who may have a need to know about my dental treatment.

Females Only: Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills). Therefore, I understand that I will need to use some additional form of birth control for one complete cycle besides just birth control pills after a course of antibiotics is completed.

I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this oral surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling the dentist of any pertinent medical conditions and prescriptions and non-prescription medications I am taking. I have had an opportunity to ask questions. I consent to the performance of the oral surgery as presented to me during my consultation and as described above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the dentist. I have read and understand this document before I signed it.

Patient or Guardian Signature | Print Name | Date

Dentist Signature | Print Name | Date