



CONSENT FOR DENTAL IMPLANTS

Orofacial professionals will provide you with the necessary information and advice, which would facilitate in proper decision process.

This form will acknowledge your consent to treatment, recommended by your doctor

- 1- This procedure has been recommended to me by my dentist as an option to replace my natural teeth.

Dental implants are metal fixtures put inside the jaw bone underneath the gum line.

Most patients need two surgical procedures to install the implants.

- The first procedure involves the placement of the implant. A temporary denture may be worn for a few months while the implant bonds with the jawbone (Osseo integration) and the bone heals.
- The second procedure will uncover the implants to allow for attachment of the implants.
- After the implants are in place, the replacement teeth, in the form of fixed or removable bridgework or a denture, are fastened to the implant.
- Depending on the condition of the mouth, bone grafting or membrane may be necessary to place the implant.
- Healing abutment may be placed to facilitate the soft tissue healing.

- 2- I have chosen to undergo this procedure after considering the alternative forms of treatment for my condition, which include

- No treatment at all,
- Complete or partial dentures or
- Fixed or removable bridges.

Each of these alternative forms of treatment has its own potential benefits, risks and complications.

- 3- I consent to the administration of the anesthesia or other medications before, during or after the procedure by qualified personnel.
- 4- I understand that the **photographs** and **radiographs** will be taken during the procedure for record keeping and case presentation for teaching purposes. The identity of the individual patient will not be exposed until asked otherwise.

5- I understand that there are potential risks, complications and side effects associated with any dental procedure. I have been informed of the possible risks, complications and side effects of dental implant surgery.

- Post operative discomfort and swelling.
- Bleeding
- Delayed healing
- Post operative infection
- Injury or damage to adjacent teeth or roots of the teeth.
- Injury or damage to nerve in the lower jaw, causing temporary or permanent numbness and tingling of the chin, lips, cheek, gums or tongue.
- Restricted ability to open the mouth because of swelling because of muscle soreness or stress on the jaw joints
- Bone loss of the jaw
- Penetration into the sinus cavity.
- Failure of the implant
- Allergic or adverse reaction to any medications.

Most of these risks, complication and side effects are not serious or do not happen frequently but although these risks, complications and side effects may occur only rarely, they do sometimes occur and cannot be predicted or prevented by the dentist performing the procedure.

Although most procedures have good results, I acknowledge that no guarantee has been made to me about the results of this procedure or the occurrence of any risks, complications and side effects.

These potential risks and complications could result in the need to repeat the procedure; remove the implants; or undergo additional dental, medical or surgical treatment or procedures.

I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures. I request and authorize my dentist to perform such treatment or procedures as required.

6- **I certify that I have read or had read to me the contents of this form.**

7- I have decided to proceed with this procedure after considering the possibility of both known and unknown risks, complications, side effects and alternatives to the procedure

8- I declare that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Signature of patient_____

Date_____