

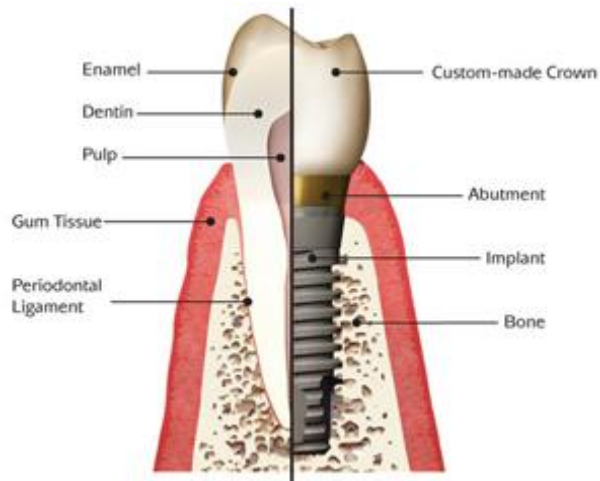
Consent for Dental Implant

What is a dental implant and what are its benefits?

Dental implants are used to replace missing teeth. This allows for better chewing, esthetics, and maintaining bone volume at the site of the missing tooth. Implants can also help retain dentures for a better fit.

The entire process consists of 2 phases: surgical and restorative. During the surgical phase of treatment a titanium root-shaped device (the implant) is placed under the gum and into the jaw in place of the missing tooth root. Grafting material may be needed (see Bone Grafting consent). After 3-6 months the bone attaches and "locks in" the implant. Next is the restorative phase. During this phase another part called an abutment is attached to the implant and extends through the gum line. A crown is made to fit over the abutment. Abutments are also used to secure a denture. The restorative phase can take 1-3 months to complete.

Before beginning implant treatment, be aware of the timeline and fees for both surgical and restorative phases. It can take 4-9 months to complete the entire process from the time the implant is inserted.



What are the risks?

1. Placing an implant is a surgical procedure. Bone graft material may be used to fill in areas of deficient bone. The gum tissue is sutured (stitched) over the implant. Complications could arise that include pain, swelling, bleeding, infection, accidental swallowing of foreign material, and discolorations. Damage to nerves could result in pain, numbness or tingling of the lips, chin, face, mouth, teeth, tongue and loss of or damage to the ability to taste. This is usually temporary but can be permanent. Also possible are inflammation, injury to other teeth, bone fractures, sinus penetration, nasal problems, delayed healing, and allergic reactions.
2. If a missing tooth is not replaced with an implant, the bone in that area will decrease in thickness and/or height over time. This would make placing a future implant more difficult, may subject you to additional grafting procedures, or altogether eliminate an implant as a restorative option.
3. There is no method to accurately predict the gum and bone healing capabilities in each patient following placement of the implant.
4. Although implants have a very high success rate they can fail. If the implant does fail it will have to be removed. Another implant may be attempted or other replacement options will have to be explored. There is no guarantee for success and no refund if the body rejects the implant.
5. Not following home care instructions may decrease the chance for a successful outcome. Tobacco products and alcohol can also have a negative effect on the outcome.
6. During surgery it may become apparent that a change is necessary in design, materials, location, or number of implants.

What are my alternatives?

To replace a single tooth you may have the option of a bridge which is secured in place and is not removable. Removable prosthetics such as a nesbit, flipper or partial denture are other options. Of course there is always the option to do nothing. However, this option does have its potential negative consequences.

INFORMED CONSENT: I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Confirmation of Medical History:

- Y / N History of taking bisphosphonates (i.e. Boniva, Fosamax, Actonel, Reclast)**
- Y / N Radiation treatment to the head or neck area**
- Y / N Bleeding problems**
- Y / N Taking blood thinner medications**
- Y / N Taking daily aspirin**
- Y / N Taking anticoagulants (i.e. Coumadin, Plavix, Lovenox, Fragmin, Angiomax, Xarelto (Rivaroxaban))**
- Y / N Predisposed to Asthma or Hives**
- Y / N Pregnant, recent pregnancy or nursing**

Patient's name (please print) _____

Signature of patient/legal guardian _____

Date _____