

# Suburban Oral Surgery and Implant Center

## CONSENT FOR DENTAL IMPLANT SURGERY

This is my consent to authorize Dr. \_\_\_\_\_ and any assistants to perform the following procedure:

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I understand that incisions will be made inside my mouth for the purpose of placing one or more dental implants in my jaw(s) to service as anchor(s) for a missing tooth or teeth; or to stabilize a crown, denture or bridge. I understand that the procedure for placement of the implant(s) may require two operations. The first operation is insertion of the implant into the jaw. A period of time, as determined by your surgeon, is allowed for healing to occur. The second operation is the uncovering of the top of the implant. These procedures have been fully explained to me, including other procedures deemed necessary or advisable such as bone graft augmentation, guided tissue regeneration, or maxillary sinus augmentation to complete the planned implant treatment.

I also authorize the above named surgeon and his assistants to provide additional services as deemed reasonable and necessary, including but not limited to: the administration of anesthetic agents, the performance of necessary radiological (x-rays) and other diagnostic procedures. If any unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated, and I am under any form of sedation or anesthesia, I further authorize and direct whatever is deemed necessary and advisable under the circumstances with the exception of \_\_\_\_\_ (if none, put "none")

Alternative treatment methods have been discussed with me including no treatment at all.

I understand that there are certain inherent and potential risks in the placement of implants, and that the risks include, but are not limited to the following:

- Post-operative discomfort and swelling
- Persistent bleeding
- Post-operative infection requiring additional treatment.
- Stretching of the corners of the mouth with resulting cracking and bruising.
- Bruising of the chin, neck, cheek and other tissues in the area of the surgery.
- Injury to the nerves near the treatment site which may cause numbness or tingling of the lips, chin or tongue (which is usually temporary but may be permanent).
- Damage to and possible loss of teeth, fillings or other dental work.
- Poor wound healing and loss of bone.
- Breakage of the jaw bone.
- Pain or limited opening of the jaw joints (TMJ).
- Opening or infection of the sinus cavity located above the upper teeth.
- Other \_\_\_\_\_

I understand that the crown, denture, or bridge will later be attached to this implant by my dentist, Dr. \_\_\_\_\_, and the cost for that work is not included in the charge for this procedure.

Finally, I have been told that this treatment may not be successful, that problems may arise during the procedure which may prevent placement of the implant, and that implant failure is possible which would necessitate its removal. Should this happen, I understand that it may be possible to insert another implant after a suitable healing period.

**I certify that I have had an opportunity to read and fully understand the terms and words in this consent form, and that all blanks or statements requiring insertion were completed. I understand the proposed operation and have had several opportunities to ask questions about it. I also state that I read and write English.**

\_\_\_\_\_  
Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness