
INFORMED CONSENT for DENTAL IMPLANT SURGERY

This is my consent for Dr. M. Bach to place dental implants in my jaw bones(s) for the purpose of giving support to either fixed or removable artificial teeth or appliances. For protection from pain and discomfort during the procedure(s), I further consent Dr. Bach and request the administration of local anesthesia and sedation anesthetics and/or sedative agents as he may deem advisable.

Description: I understand that dental implants are titanium posts placed into the jaw bone(s) to support replacement teeth. These posts are just as susceptible to disease and bone loss as natural teeth. Thus, daily care and frequent visits to the dentist are necessary for the longevity of your dental implants. I understand that in most instances dental implants require two surgical procedures. The first surgical procedure (Phase I) will be to place the implant into the jawbone. At this time, in most instances a healing cap will be left uncovered on top of the implant. In these cases, a healing period of 2 to 6 months is recommended before restoring the implant (placing a crown, bridge or other prostheses). In other instances, the gum tissue will be closed over the top of the implant. In those cases, after a healing period of between 4 to 6 months a second surgical procedure (Phase II) will be necessary to remove the gum tissue overlying the top of the implant and to insert a metal post into the top of the implant. This post will then extend up through the gum and into the mouth. Following healing of the gum tissue around this metal post a prosthetic phase will be started.

During this phase of the dental implant treatment, the prosthesis (crown, bridge, denture, artificial teeth and/or appliance) will be made and attached to the implant(s). Occasionally, in conjunction with the making of the prosthesis, additional surgery may be necessary to establish a more ideal contour of the bone and/or gum surrounding the implant(s).

1. I understand that dental implants are most desirable in my case, but when teeth are missing, one or more of the following treatment options are currently available:

A. Do nothing to replace the missing teeth.

B. Have a removable partial denture to replace the missing teeth. This partial denture or “partial palate” is an appliance or prosthesis which can be removed and replaced by the patient. If all of the teeth in one or both jaws are missing, a conventional complete (full) denture(s) can be made. This complete denture(s) can be removed and replaced by the patient.

C. Have a fixed partial denture or fixed bridge. This appliance or prosthesis is cemented to adjacent teeth and is not removed.

D. Replace the missing teeth with one or more dental implants. Dental implants are attached to the bone and cannot be removed. However, there are several options for attaching manufactured teeth to implants, by the way of an appliance or prosthesis. This prosthesis can either be: “removable” (can be removed and replaced by the patient): “fixed removable” (can be removed by a dentist), or “fixed” (cannot routinely be removed).

2. While a period of between 2 and 6 months is usually needed for proper healing of the implants, the exact time will be determined during or after the surgery.

3. It has been explained to me that there are certain inherent and potential risks in any treatment or procedure, and that in this specific instance such operative risks include, but are not limited to: swelling; pain; bruising; breakage of the jaw; stretching of the corners of the mouth which may result in cracking and bruising of the mouth and facial tissues; restricted mouth opening or discomfort in the jaw muscles or joint(s); possible nerve injury with resulting change in sensation and/or numbness to the lip, chin, gum, teeth and/or tongue which may be temporary or permanent; infection; damage to adjacent teeth, nasal cavity, sinuses; and failure of the

implants to heal(integrate) with the surrounding bone; medical emergencies that may require life saving procedures and/or admission to a designated hospital.

4. If any unforeseen condition(s) should arise in the course of the operation, which calls for the doctor's judgment or for procedures in addition to or different from those now planned, I request and authorize the doctor(s) to do whatever he (they) may deem advisable under the circumstances, including the decision not to proceed with the implant procedure.

5. While the predictability of this procedure has been scientifically established, I am aware that there is a risk that the implant(s) may not be successful and may require additional treatment and/or surgery that may involve removal of the implant. I understand that there is no warranty or guarantee.

6. I understand that there are a number of factors which may limit the success of my implants. These include, but are not limited to: heavy biting on the implants, for example, grinding of the teeth (bruxism) or chewing ice or other hard substances; the use of tobacco or alcohol; some systemic diseases such as diabetes; and the use of certain medications such as systemic steroids or antineoplastic (cancer treating) agents. I understand that these are examples only and there may be other factors, conditions and/or agents which could also jeopardize the success of dental implants.

7. I understand that dental implants require routine maintenance therapy (cleaning and evaluation) at 3 months to yearly intervals, depending on the supervising dentist's evaluation, for the life of the implants there is no guarantee that the implants, its component parts and/or attached prosthesis will last a specific period of time.

8. I agree to follow my doctor's homecare instructions and to report to my doctor for regular examinations as instructed. I also understand that in spite of good overall dental health, oral hygiene, dental evaluation and care, inflammation and/or infection of the gum and the bone surrounding a dental implant can still occur. This condition, even with treatment, may ultimately lead to failure of the implant.

9. I understand that any treatment of the implant, and/or the surrounding bone or gum tissue, after the prosthesis has been placed, will be considered maintenance therapy and will be at an additional charge.

10. I understand that there will be separate fees for the surgical, prosthetic (restorative) and maintenance phases of my implant treatment.

11. I have been advised that there is a risk that the implant and/or prosthesis (crown, bridge, denture, artificial teeth and/or appliance) which is attached to the implant, may wear, break and/or fail. If this happens it will necessitate the replacement and/or repair of the worn, failed and/or broken part(s) and may also involve additional surgery. This replacement, repair, and/or surgery will be at an additional charge and will be based on the fees at the time this additional treatment is rendered.

12. I understand that certain anesthetic risks, which could involve serious bodily injury or death are inherent in any procedure that requires a general anesthetic or intravenous sedation. If I am to have a general anesthetic or intravenous sedation, I certify that I have not had anything to eat or drink for the last 6(six) hours prior to the time of surgery and have complied with all special preoperative instructions.

13. I understand that certain medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased with the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile, or hazardous devices, or work, while taking such medications, and/or drugs; or until fully recovered from the effects of same. I agree not to drive myself home after surgery and I will have a responsible adult drive me or accompany me home after my discharge from surgery, if I have been sedated or have received nitrous oxide.

14. I have had an opportunity to discuss with my doctor my past medical and health history including any serious problems and/or medications taken.

15. I agree to cooperate completely with the recommendations of my doctor while under care, realizing that failure to do so could compromise the results of this treatment. I also understand that regular follow-up including x-rays, is necessary in order to evaluate and maintain the implant(s) and prosthesis.

16. I certify that I have read and understood this consent form and that I have received answers to questions to my satisfaction.

Patient, Parent, or Guardian

Date

Witness

Date

Dr. Minko Bach

Date

