

Consent for Dental Implant Therapy

PATIENT'S NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____

1. **Suggested Treatment:** You have the right and the obligation to make decisions regarding your healthcare. Your dentist can provide you with the necessary information and advice, but as a member of the healthcare team, you must participate in the decision-making process. This form will acknowledge your consent to treatment recommended by your dentist.

The reasons for this implant have been explained to me. The tooth/teeth to be replaced with implants are #'s _____.

I have been informed that in areas of my jaw where I will be having dental implants placed, there would be benefit to the support of conventional dental prosthetics if simultaneous bone augmentation is warranted and performed.

I have been informed and understand that this surgery is part of a dental implant training course and that my treating doctor will be working under the supervision of experienced and dually licensed faculty. My Primary Treating Doctor will be Dr(s). _____ **Patient's Initials:** _____

2. **Medications:** I understand for this procedure the following modes of pain management will be used:

Local Anesthesia _____

Oral Sedation _____

Nitrous Oxide _____.

I understand that antibiotics may affect the effectiveness of some birth control medications. It is my responsibility to inform my dentist of any allergies that I may have to medications, analgesics, food, etc; as well as any medications that I may be taking for existing health conditions. **Patient's Initials:** _____

3. I request and authorize **Dr.** _____, **a general dentist to perform the surgical placement of dental implant(s), and related products such as bone, and bone stabilizing membranes upon me. In some instances, my implant therapy as discussed with my primary treating doctor may include the lifting of my sinus's.** This procedure has been recommended to me by my dentist as an option to replace my natural teeth. Dental implants are "metal anchors" put inside the jawbone underneath the gum line. Small posts are attached to the implants and artificial teeth or dentures are fastened to the posts. Most patients need two surgical procedures to install the implants. The first procedure involves drilling small holes into the jawbone and placing the anchors. A temporary crown, denture, or other dental prosthesis may be worn for a few months while the anchors bond with the jawbone and the gums and bone heal. The second procedure will uncover the implants to allow for attachment of the posts. After the posts are in place, the replacement teeth, in the form of fixed or removable bridgework, single tooth, or a denture, are fastened to the posts. Depending on the condition of the mouth, bone grafting or guided tissue regeneration also might be necessary to install the anchors and posts. The potential benefits of this procedure include the replacement of missing natural teeth or supporting dentures have been explained to me. **Patient's Initials:** _____

4. 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. **Patient's Initials:** _____

5. I consent to the administration of anesthesia or other medications before, during or after the procedure by qualified personnel. I understand that all anesthetics or sedation medications involve the very rare potential of risks or complications such as damage to vital organs including the brain, heart, lungs, liver and kidneys; paralysis; cardiac arrest; and/or death from both known and unknown causes. **Patient's Initials:** _____

6. I understand that there are potential risks, complications and side effects associated with any dental procedure. Although it is impossible to list every potential risk, complication and side effect, I have been informed of some of the possible risks, complications and side effects of dental implant surgery. These could include but may not be limited to the following: Fracture of the jaw

- Bone loss of the jaw
- Penetration into the sinus cavity
- Mechanical failure of the anchor, posts or attached teeth
- Failure to implant itself
- Allergic or adverse reaction to any medications.
- Postoperative discomfort and swelling, bleeding, postoperative infection, Injury or damage to adjacent teeth or roots of the teeth. Injury or damage to nerves 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 and muscle soreness or stress on the joints in the jaw — temporomandibular joint (TMJ) syndrome

Patient's Initials: _____

7. Most of these risks, complications and side effects are not serious or do not happen frequently. Although these risks, complications and side effects occur only very 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 or side effects.

Patient's Initials: _____

8. These potential risks and complications could result in the need to repeat the procedures; remove the implants; or undergo additional dental, medical or surgical treatment or procedures, hospitalization or blood transfusions. Very rarely, the potential risks and complications could result in permanent disability or death. I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures. I request and authorize my dentist and other qualified dental/medical personnel to perform such treatment as required.

Patient's Initials: _____

9. COMPLIANCE WITH SELF-CARE INSTRUCTIONS:

I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I agree to follow instructions related to the daily care of my mouth and to the use of prescribed medications. I agree to report for appointments as needed following my surgery so that healing may be monitored and the

doctor can evaluate and report on the success of the surgery. I understand that as part of the dental care team **I will follow up and continue dental care, including restoration of my new implant(s) with my primary dentist:**

Dr. _____

Patient's Initials: _____

10. SUPPLEMENTAL RECORDS AND THEIR USE: I consent to photography, video recording, and x-rays of my oral structures as related to these procedures, and for their educational use in lectures or publications, provided my identity is not revealed.

Patient's Initials: _____

Post Operative Instructions

Please take the time to read these instructions following your treatment today as it will help you to understand what to expect following your procedure. These instructions are to serve as a general guideline for your use following surgery, however if you have questions please feel free to contact your dentist.

Today the following procedure(s) was completed for you:

Dental Implant Placement Sinus Augmentation Surgical Grafting Venous Blood Draw

Immediately following your treatment you will remain numb or partially numb for up 4 hours. This will depend on the amount of anesthesia given as well as your individual body metabolism. During this time please avoid chewing as you may inflict harm on the surgical site or to other oral structures such as your lips or tongue. It is very important to avoid “playing” with sutures or the surgical area in general with your fingers or tongue, this can cause premature loosening of sutures and exfoliation of dressings.

Following any surgical procedure the following is considered normal: moderate (sometimes severe) discomfort for up to 72 hours following treatment. Bleeding that may continue for several hours following treatment. If you take medications which thin the blood such as Coumadin, warfarin, aspirin, ibuprofen or certain supplements like those high in Omega-3 you are more likely to have slightly more swelling, bleeding, bruising and discomfort. It is important to note that a small amount of blood mixed with saliva will often look like a large volume of fluid; gentle pressure with gauze will usually help stop this bleeding. If you have run out of gauze a dry tea bag can also be used as the caffeine will often help slow bleeding.

Sensitivity of teeth or other oral structures is also not uncommon following treatment. You may have jaw soreness as a result of keeping your mouth open for an extended period of time as well. Sensitivity can be as a result of biting pressure, temperature (hot/cold) or oral appliances that have been fabricated for you. Most of the time, pain or sensitivity following treatment is associated with plaque accumulation so if you have been instructed, maintain gentle plaque control measures in the area where treatment was completed.

For certain types of procedures the development of swelling following surgery is unavoidable. Those procedures lasting less than fifteen minutes are not usually associated with swelling. Those lasting 15-45 minutes may be accompanied by mild-moderate swelling. Those lasting 45 minutes to 90 minutes may be accompanied by moderate swelling and those lasting longer than 90 minutes may have significant swelling that persists for three days or more. As long as you are not feverish (above 102 degrees for 24 hours) there is generally no need for concern. Take your medications as they have been prescribed to you. If you have problems with the medication please discontinue their use and contact your dentist. Swelling can be minimized by the application of cold packs to the outside of the face where surgery was completed. Ice water can also be held in the mouth (if tolerable) to help minimize swelling.

Smoking It is extremely important that you avoid cigarette smoking following treatment. Cigarette smoke inhibits normal healing and can result in the failure of treatment. Following the manipulation of gum tissue, jaw bone and teeth smoking will constrict the capillaries that are necessary for the delivery of vital nourishment to the area following surgery. The most critical period of time is the first three days following treatment and one week if bone grafting, dental implant placement or sinus elevation was completed.

Sinus Lift/Elevation If you have had a sinus lift completed you are required to use an antihistamine for a period of two weeks in addition to your other medications following the procedure. Avoid sneezing or nose blowing during this time. You may experience slight nose bleeds during the first two days and this is considered normal.

Gentle rinsing with cold salt water for the first day following treatment and warm salt water thereafter can be completed up to five times a day. This does not mean rinsing vigorously, rather gentle head movements in either direction.

If sutures or a dressing has been placed they will start to exfoliate after five days and any remaining sutures will be removed at your first post operative visit. Your treating dentist will contact you for this appointment.

The following classes of medications have been prescribed for you.

Rinses: Peridex (Chlorohexadine) Sterile Saline At home salt water rinses

If Peridex has been prescribed please use it twice daily. Light brushing after use of Peridex will help prevent short term staining of the teeth. If you are wearing a denture please remove the denture when using Peridex.

Antibiotic: Amoxicillin Metronidazole Clindamycin Cephalexin No AB necessary

Azithromycin 250 mg (Z-Pak) (No alcohol)

Your antibiotic has been prescribed because the mouth is a dirty place! Use your antibiotic as directed on the bottle. If you develop itchy/scratchy skin or have trouble breathing please discontinue the use of the antibiotic and contact your primary dentist. If this itching persists please start taking oral Benadryl and contact your physician. Some gastric upset is common with the use of antibiotics, however if you feel severe stomach upset, with frequent (5+ times daily) diarrhea, please contact your primary dentist.

Anti-inflammatory: Ibuprofen 600mg Ibuprofen OTC Tylenol

Anti-inflammatory medications like ibuprofen are excellent in maintaining a low level of inflammation following treatment, reducing soreness in jaw muscles and providing pain control following treatment. The doctors recommend the use of Ibuprofen either prescription (if prescribed) or over the counter (Tylenol can be used interchangeably) for at least three days following treatment and longer if discomfort, swelling or pain persists.

Pain Medication: Lortab 5/500 Vicodin

Opiate mimicking drugs like Lortab, Vicodin, Vicodin ES and Percocet all can be associated with drowsiness, sleepiness, sleeplessness, nausea and mild feelings of euphoria. If you feel sick to your stomach or vomit following treatment, it is usually due to the pain medication. It is possible to halve your medication by cutting the pill in half or quarter the pill initially until you have built a tolerance to the medication. Your primary dentist can provide refills on pain medication on an as needed basis, however in most instances this is not required.

In summary, use your best judgment following your treatment. It is not advisable to exercise vigorously or plan a long meeting for the few days after treatment. Although most patients experience minimal discomfort following treatment these guidelines should help to instruct you on what to expect following treatment. As always please feel free to contact the office with any additional questions.

We consider it a privilege to take part in your oral care. Please contact the office with any questions about these or any other instructions that were given to you following your visit.