

A J Smile Center

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DENTAL IMPLANT CONSENT FORM FOR TOOTH # * _____

PROCEDURE: Dental implants fit into sites prepared in the jawbone. Only titanium has been demonstrated to attach directly to bone (osseointegration). This system has undergone the scrutiny of scientific & clinical research for more than 30 years. The American Dental Association approves this system. An incision is made on the jaw ridge adjacent to the areas to receive implants. Bone grafting may be necessary to ensure successful integration. The implants are inserted into the bone, & the tissues are sutured. If an implant fails, it is simply removed, much like a tooth extraction.

MAINTENANCE: The degree of long-term success depends largely on the patient's health & continued maintenance efforts. Implants have to be maintained daily with good home hygiene, just like natural teeth. Doctors and staff may give specific prescriptions & instructions. A long-term program of implant maintenance is mandatory for success.

COMPLICATIONS: Complications may result from implant surgery, drugs & anesthesia. The various reactions to anesthesia may include pain, infection, swelling, discoloration & tingling or numbness of the lip, tongue, chin, cheeks, or teeth. The exact duration of these complications cannot be determined, & they may be irreversible. Other possibilities are injury to teeth, bone fractures, & nasal & sinus penetrations. Since each patient's healing process varies, a delay in healing or allergic reaction to drugs or medications used may occur. As smoking decreases circulation, it may account for failure of implant. If the connection between the implant & the bone fails, further complications may arise. This may necessitate implant removal. Infections involving the bone (osteomyelitis) are rare but may require extensive treatment, including, but not limited to hospitalization & considerable additional expense. Since practice of dentistry is not an exact science, there is no assurance that implant system &/or the artificial appliances will be successful.

DRUGS, MEDICATIONS & SEDATIONS: Drugs, medications, or anesthesia/sedation can cause allergic & other reactions. Examples include, but are not limited to, swelling, redness, itching, vomiting, diarrhea, & numbness or tingling of the lip, gum, or tongue (which in rare cases may be permanent), as well as anaphylactic shock (in rare cases). Since drugs, medications, or anesthesia/sedation also may cause drowsiness & impair coordination or awareness, patients should not operate a motor vehicle or hazardous device before achieving full recovery. I have informed the dentist of all drugs & medications I am taking or have taken within the last 30 days, as well as those that have been prescribed within the last six months but not taken, & of all allergies & sensitivities of which I am aware. I have been informed & understand that failure to take drugs or medications as prescribed by my dentist may result in continued or aggravated infection and pain, & resistance to effective treatment. I also understand that antibiotics can reduce the effectiveness of birth control pills.

CONSENT: I have discussed treatment alternatives, risks, outcomes, & costs with my dentist & have had all of my questions answered before making a decision. I understand that dentistry is not an exact science & that there are no guaranteed results. Unless otherwise provided by law, I understand that I am responsible for payment of all dental fees not paid in full by any insurance or other applicable coverage. Having had adequate time to reflect upon the alternatives, I consent to the treatment, subject to changes in the treatment plan.

Response Date: _____