



Smile with confidence

Implant & Periodontal Treatment Information & Consent Form

Patient Name Date

1. I hereby request treatment because

2. I understand that my dental condition will be treated by the following means:

Upper:

Lower:

3. I authorise the administration of any necessary anaesthetic agents and the performance of any necessary special tests. The anaesthetic options are:

- Local anaesthetic (LA)
- LA and sleeping tablet
- Intravenous sedation (IV)
- General anaesthetic (GA)

A quote will be provided if you decide on IV or GA

4. I also authorise any treatment necessary if an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition or different from those now contemplated. This may include the decision not to proceed with implants.

5. Alternatives to implant surgery have been explained to me, including their risks. I have tried or considered these alternatives, but I desire implant(s) to replace the missing tooth (or teeth). For me the alternatives are:

Upper:

Lower:

6. I understand that the treatment recommended has the following advantages over alternative treatment methods:

.....

7. I am aware that there is a risk that the implant surgery may fail, and that further surgery may be necessary, including removal of the implant. Steri-Oss implants have provisional acceptance by the American Dental Association and have 8-year results for single teeth with an overall success rate of 97.7%. Given these success rates I am aware that there is still a risk. I understand that should an implant fail within 5 years I can have a replacement implant after healing has occurred. **This guarantee is not valid unless the maintenance schedule is followed. Regular maintenance of**

8. **implants is necessary, and failure to attend for this may jeopardise the long term outlook of the implants and void the guarantee.**

The maintenance involves:

- a) **Checking the implants at 3 months after uncover, then at 6 months and annually thereafter.**
 - b) **Checking the implants and superstructure immediately after the superstructure has been placed (Transitional loading means that this may be some time after the uncover.)**
9. I understand that as with any surgical procedure there are possible complications. These may include: post-operative pain; bleeding; infection; temporary bruising of the face; allergic reaction to medication; a change of sensation or numbness to the lip, chin, gum &/or tongue, which may be temporary or permanent; an opening between mouth and sinus; injury to the teeth; temporo-mandibular joint problems; and poor healing which may result in the loss of an implant. (Smokers).
10. Bone grafts: Bone grafts are often necessary with implants because the bone resorbs following tooth removal. The possible sources for bone grafts that I use are:
- a) Take the bone from the implant site, or occasionally elsewhere in the mouth.
 - b) The use of demineralised freeze-dried bone. This bone is obtained from donors who are free from Aids, Hepatitis etc. As an additional safeguard the processing of the bone destroys any of these diseases and all antigenic material. The material remaining stimulates your own bone to replace it, and so provide more bone for the implant support.
 - c) Use HTR (Hard Tissue Replacement) material. This is completely artificial (*NOT* animal or human).
11. I understand that sometimes additional bone grafting and gum repositioning may be necessary after the uncover to create good gingival contours. An additional fee will be charged for this.
12. I understand that if nothing is done to correct my dental condition one of the following may occur: limited oral function; gum or bone disease; loss of bone; loss of facial contours; inflammation; infection; sensitivity; loss or looseness of teeth; shifting of teeth with bite changes; TMJ problems; the inability to place implants at a later date.
13. **I have been advised that smoking will affect healing, and may limit the success of the implants. The guarantee is not applicable to smokers.**
14. **I agree to follow home care instructions and report for regular 6-12 monthly examinations as necessary.**
15. I agree not to operate a motor vehicle or hazardous device for at least 24 hours (or more if not fully recovered), until the effects of any sedation have worn off.



- 15. I agree not to operate a motor vehicle or hazardous device for at least 24 hours (or more if not fully recovered), until the effects of any sedation have worn off.
- 16. To my knowledge I have given an accurate report of my physical and mental health history, as well as disclosing any medications that I have taken in the last two years.
- 17. I understand that there are sometimes suitably qualified professionals observing the procedures, and that photographs may be taken to use in clinical presentations. I give my permission for this.
- 18. I certify that I have read and have had explained to me, and fully understand the fore-going consent for implants, and administration of drugs and anaesthetics. I have discussed this, as well as the nature of the implant product to be used, and I consent to the procedure knowing its risks and limitations.

Patient Name Date

Parent/Guardian Witness

Please feel free to contact your Dentist at any stage if you have questions.