

CONSENT FOR DENTAL IMPLANT SURGERY Littleton Dental
Page 1 of 4

Patient's Name _____

Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be given information about implant placement so that you can decide if you want to have the surgery. You will be asked to sign this form saying you understand what will be done, the risks that can happen and the other kinds of treatment that you could have.

Your Planned Treatment is: _____

Alternative treatment: methods include: _____

- _____ 1. I understand that cuts (incisions) will be made in my gums and holes drilled in my jawbones to put in one or more dental implants. They will be the base for replacement of one or more missing teeth or to hold a crown (cap), bridge or denture (plate). The doctor has explained the procedure, told me about the incisions and what kind of implant will be used. If a crown, bridge or denture is to be attached to the implant(s), Dr. _____ will do this, and that office will bill me for this procedure.
- _____ 2. I may need additional procedures to uncover the top of the implant, trim the gum tissue or to add bone or gum tissue. No one has promised how long an implant will last. I have been told that once the implant is put in, I need to follow through with the whole treatment plan and finish it in the time that is set by my doctor. If this is not done, the implant(s) may fail.
- _____ 3. My doctor has explained to me that there are risks and side effects of any surgical procedure. For this procedure, the main risks include:
- _____ A. Post-operative pain and swelling. I might need to stay at home for several days to heal.
 - _____ B. Bleeding that is heavy or lasts for a long time that might need more treatment.
 - _____ C. Injury or damage to teeth or roots of teeth that are near by the place of the implant.
 - _____ D. An infection after the procedure that might need more treatment.
 - _____ E. Stretching of the corners of the mouth that might cause cracking and bruising and might heal slowly.
 - _____ F. It might be hard to open my mouth for several days. This might be from swelling and muscle soreness, from stress on the jaw joints (TMJ), or from local anesthetic injections.

CONSENT FOR DENTAL IMPLANT SURGERY

PAGE 2 OF 4

- G. Implants placed in the lower jaw could harm one of the nerves in or near the jawbone and after the surgery; there might be pain or a numb feeling in my chin, lip, cheek, gums, teeth or tongue. It is possible that I might lose my sense of taste. This might last for weeks or months. It can be permanent, but this rarely happens.
 - H. Implants placed in the upper jaw could cause an opening into the sinus or nose or an infection that might need additional treatment.
 - I. Fracture of the jaw or a hole in a thin bony plate.
 - J. Use of other materials that might have to be removed at a later date.
 - K. Bone loss or gum disease around implants.
 - L. Implant or other parts breaking, or loss of the implant.
 - M. Other: _____
4. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done
5. I understand that my doctor does not make or sell the implant device itself and can't promise that it will be perfect.

ANESTHESIA:

LOCAL ANESTHESIA: (Novocaine, Lidocaine, etc.) A shot is given to block pain in the area to be worked on.

NITROUS OXIDE WITH LOCAL ANESTHESIA: Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation.

ORAL PREMEDICATION WITH LOCAL ANESTHESIA: A pill is taken for relaxation prior to giving local anesthesia.

INTRAVENOUS SEDATION WITH LOCAL ANESTHESIA: makes you less aware of the procedure by making you calmer, sleepy, and less able to remember the procedure.

Whichever technique you choose, giving any medication involves certain risks. These include:

1. Nausea and vomiting.
2. An allergic or unexpected reaction. If an allergic reaction is severe, it might cause more serious breathing or heart problems which may need treatment.

CONSENT FOR DENTAL IMPLANT SURGERY

Page 3 of 4

In addition, there may be:

1. Pain, swelling, or infection of the vein area where the anesthesia or sedation was given.
2. Injury to nerves or blood vessels in the vein area.
3. Confusion, or a long period of sleepiness after surgery
4. Heart or breathing responses which may lead to heart attack, stroke, or death.

Fortunately, these complications and side effects are not common. All forms of Anesthesia are generally very safe, comfortable, and easy to deal with. If you have any questions, PLEASE ASK.

I have read and understand the above and give my consent for:

- Local Anesthesia
- Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
- Oral Premedication with Local Anesthesia
- Intravenous Sedation with Local Anesthesia

_____ 6. I understand smoking is very, very harmful to the success of implant surgery. I agree to stop using all kinds of tobacco for 2-3 weeks before and after the surgery. I will make strong efforts to give up smoking.

**CONSENT FOR DENTAL IMPLANT SURGERY
PAGE 4 OF 4**

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date