



Family • Cosmetic • Sedation • Invisalign

DISCUSSION & INFORMED CONSENT FOR IMPLANT-SUPPORTED RESTORATION(S)
Rev 03/2018

NATURE OF IMPLANT RESTORATION

Implant-supported restorations can replace missing teeth. They differ from conventional restorations in that they are supported by dental implants rather than by natural teeth. The use of dental implants permits missing teeth to be replaced with crowns, fixed bridges and/or dentures that are supported or retained by their attachment to the implant(s).

IT HAS BEEN RECOMMENDED THAT I HAVE ONE OR MULTIPLE OF FOLLOWING IMPLANT-SUPPORTED RESTORATION(S):

Single crown on implant, fixed bridge on implants, implant-retained removable partial denture(s), implant-retained removable full denture(s).

This recommendation is based on visual examination(s), on any X-rays, models, photos and other diagnostic tests taken and on my doctor's knowledge of my medical and dental history. My treatment needs and desires have also been taken into consideration. I understand that no guarantee, warranty or assurance has been given to me that this treatment will be successful or last for any length of time.

I understand that after surgical placement of the implant(s) is/are completed and healed, the construction of the prosthesis and/or crowns begins. This may require multiple appointments for evaluation, measurement, gum preparation and placement.

RISKS, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

I understand fixed prosthesis are customized restorations or replacements of missing teeth that are cemented to the implant(s). I understand the potential problems with fixed prostheses, including implants, are the same as with my real teeth, such as periodontal (gum) disease, porcelain fractures, occlusal changes, color changes, food impaction, excessive wear due to teeth grinding and bruxing or temporomandibular joint (TMJ) dysfunction (TAAJD) and others.

I understand the new prosthesis may be either *removable* by the dentist but not by the patient or it may be *removable* by the patient. In either circumstance, the prosthesis will have similar risks, benefits and consequences as the removable prosthesis described above (which I have discussed with my dentist). In the instance of being anchored to an implant integrated in my bone, this type of removable prosthetic appliance will function more like my natural teeth.

I understand that my implant(s) may not fully integrate (fuse to the bone) following surgery even though they

16160 Monterey Road, Morgan Hill, CA 95037

☎ (408) 782-6568

☎ (888) 503-6560

✉ info@stDental.com

🌐 www.stDental.com

appear to be integrated after healing is completed. I understand if an individual implant must be removed, the prosthesis may be retained but *will be supported by fewer implants* and thus place a greater load on the remaining implants, which may have *adverse consequences*. The success of the prosthesis depends upon many factors, including the location, angle and number of retained implants.

I understand that sometimes implants fail completely and must be removed, requiring a change in treatment considerations and a fabrication of a conventional prosthesis instead. If that should happen, there may be less bone than there was before the implant surgery.

I understand that when osseointegration (bone grows around the implant) is successful, the implant supports a firmly anchored prosthesis with sufficient function; however, the desired appearance may be difficult to achieve. I have discussed this and am willing to work with my dentist to achieve a realistic outcome.

I understand that following implant surgery and the placement of the prosthesis, there may be inflammation of the gum tissue around the posts and some excess tissue growth or recession. Some situations may require surgical alteration or refinement of the tissue.

I understand that there may be progressive loss of the bone height around the implant over the life of the implant that may ultimately affect the prosthesis.

I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days, sometimes referred to as trismus. However, this can occasionally be an indication of a most significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

I understand that all medications in this office have the potential for accompanying risks, side effects and drug interactions. They can cause redness and swelling of the tissues, pain, itching, vomiting and/or anaphylactic shock. I attest that to my knowledge, I have given an accurate report of my physical and mental health history. I have also report any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

I understand that I may receive a topical and/or local anesthetic by injection and/or other medication(s). I understand that I may have loss of feeling in my teeth, lips, tongue and surrounding tissue (paresthesia) following injections. In rare instances, patients can have a strong and unpredictable reaction to the anesthetic, which may require emergency medical attention. The medication may affect my ability to control swallowing. This increases the chance of swallowing foreign objects during treatment. *Depending on the anesthesia and*

16160 Monterey Road, Morgan Hill, CA 95037

☎ (408) 782-6568

☎ (888) 503-6560

✉ info@stDental.com

🌐 www.stDental.com



Family • Cosmetic • Sedation • Invisalign

medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury resulting in loss of feeling of the chin, lips, gums, tongue and partial loss of taste can result from an injection.

BENEFITS, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

I understand that a reasonable aesthetic appearance of my edentulous (toothless) areas can be reached and my ability to chew can be improved.

CONSEQUENCES, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

I understand that it is essential to maintain excellent oral hygiene, which may not be easy to achieve. I am committed to a lifetime of regular home cleaning and periodic professional dental hygiene visits. There will be space for cleaning around the implants, but it may be difficult for me until I learn the skill.

I understand that smoking, excessive alcohol consumption and chewing hard foods such as ice or hard candy may result in damage to my implants and cause them to fail and be lost. I understand that a medical condition can compromise the long term outcome of an implant.

I understand that there may be a feeling of awkwardness with the new prosthesis. The post(s) may seem to be in places where I find them difficult to accommodate and my speech may be labored until I am accustomed to the new prosthesis.

ALTERNATIVES TO IMPLANT RESTORATION:

Depending on the condition of my mouth and my current diagnosis, there may be other treatment alternatives to implant-supported tooth replacement. I understand that possible alternatives to an implant-supported prosthesis may be: **Replacement of the missing tooth or teeth by a tooth-supported fixed bridge.** Natural teeth next to the missing tooth space are used to support a bridge, which is cemented into place and is non-removable. This procedure requires drilling the natural teeth to properly shape them to support the fixed bridge. **Replacement of the missing tooth or teeth by a removable partial denture or full denture.** Partial and full dentures are removed from the mouth for cleaning. Dentures do not stop the loss of bone and may require more attention later. **No treatment.** I may decide not to replace the missing tooth or teeth. If I decide upon no treatment, my teeth may shift over time causing chewing or gum problems.

I understand that the placement of implants and the making of the compatible prosthetic devices are two separate treatments with separate expenses. I understand that in addition to the risks and complications associated with implants and prosthetics certain complications may result from the use of anesthetics or sedatives. The risks, benefits and alternatives regarding anesthesia will be explained to me and I will disclose any allergies I have because they may affect my response to the anesthetic.

16160 Monterey Road, Morgan Hill, CA 95037

☎ (408) 782-6568

☎ (888) 503-6560

✉ info@stDental.com

🌐 www.stDental.com



Family • Cosmetic • Sedation • Invisalign

FOR ALL PATIENTS

I understand that every reasonable effort will be made to ensure the success of my treatment. I further understand that each person and treatment situation is unique, and therefore, no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. The dentist will explain all changes.

I have been given the opportunity to ask questions about Implant-Supported Restoration(s) and believe that I have sufficient information to give my consent as noted below.

CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat my condition. I certify that I have read and understand the above information, that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have treatment performed. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

16160 Monterey Road, Morgan Hill, CA 95037

☎ (408) 782-6568

☎ (888) 503-6560

✉ info@stDental.com

🌐 www.stDental.com