



Certified Specialist BSc, DDS, Dip Periodontics, FBCCD
Periodontics, Implant Surgery
502-275 Lansdowne Street
Kamloops, BC, V2C 1X8
PH 250-851-2570, FAX 250-851-9929

INFORMATION & CONSENT FOR ENDOSSEOUS DENTAL IMPLANTS

Diagnosis. After careful oral examination and study of my dental condition, Dr. Desai has advised me that my missing tooth/teeth may be replaced with artificial teeth supported by an implant.

Recommended Treatment. In order to treat my condition, Dr. Desai has recommended treatment with root form dental implants. I understand that the procedure for root form implants involves placing implants into the jawbone. This procedure has a surgical phase followed by a prosthetic phase (which will be done by my general dentist).

Surgical Phase of Procedure. I understand that a local anesthetic will be administered to me as a part of the treatment. My gum tissue will be opened to expose the bone. Implants will be placed by threading them into holes that have been drilled in my jawbone. The implants will have to be snugly fitted and held tightly in place during the healing phase.

The gum and soft tissue will be stitched closed over/around the implants. A periodontal bandage or dressing may be placed. Healing will be allowed to proceed for a period of 2-4 months. I understand that dentures may or may not be able to be worn for the first one to two weeks of the healing phase.

I further understand that if clinical condition turn out to be unfavorable for the use of this implant system or prevent the placement of the implants, Dr. Desai will make a professional judgment on the management of the situation. The procedure also may involve supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby to assist in placement, closure and security of my implants.

I also give my permission to receive supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby to assist in placement, closure and security of my implants – this may be at additional cost and will be discussed before placement.

For implants requiring a second surgical procedure, the overlying tissues will be opened at the appropriate time, and the stability of the implant will be verified. If the implants appear satisfactory, an attachment will be connected to the implant. Plans and procedures to create an implant prosthetic appliance can then begin.

Prosthetic Phase of Procedure. I understand that at this point I will be referred back to my dentist or prosthodontist. This phase is just as important as the surgical phase for the long-term success of the oral reconstruction. During this phase, an implant prosthetic device will be attached to the implant. Persons trained in the prosthetic protocol for the root form implant system should perform this procedure.

Expected Benefits. The purpose of dental implants is to allow me to have more functional artificial teeth. The implants provide support, anchorage, and retention for these teeth.

Principal Risk & Complications. I understand that rarely, patients do not respond as successfully as expected since the practice of dentistry is not an exact science - dental implants in such cases may be lost due to many underlying issues. Implant surgery may not be successful in providing artificial teeth. Because each patient's condition is unique, long-term success rarely does not occur.

I understand that complications may result from the implants surgery, drugs, and anesthetics. These complications include, but are not limited to, post-surgical infection, bleeding swelling and pain, facial discoloration, *transient but on occasion permanent numbness of the lip, tongue, teeth, chin or gum*, jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth.

I understand that smoking, alcohol or sugar may affect gum healing and may limit the success of the implant. I agree that if sedation is taken that I will not operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the drugs given for my care. I also will not fly in a personal or commercial aircraft for a minimum of 3 weeks after implant surgery.

Necessary Follow-up Care & Self-Care. I understand that it is important for me to continue to see my regular dentist or prosthodontist for the life of the implant. Implants, natural teeth and appliances have to be maintained daily in a clean, hygienic manner. Implants and appliances must also be examined periodically and may need to be adjusted. I understand that it is important for me to abide by the specific prescriptions and instructions given by Dr. Desai.

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IMPLANTS' INFORMATION & CONSENT FORM CONT'D

I have been fully informed of the nature of root form implant surgery, the procedure to be utilized, the risk and benefits of the surgery, the alternative treatments available, and the necessity for follow-up care and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Desai. After thorough deliberation, I hereby consent to the performance of dental implant surgery as presented to me during consultation and in the treatment plan presentation as described in this document.

I also agree not to fly in an airplane, helicopter or do any skydiving where sinus pressure changes occur. This can compromise grafting and affect success rates and have a higher risk of infection. If this occurs, re-treatment or emergency treatment may need to be done at additional cost.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Date

Date

Printed Name of Patient

Signature of Patient

Printed Name of Witness

Signature of Witness