

Implant Consent Form

After a careful oral examination and study of my dental condition, I have been advised by Dr. Justin Ward that my missing tooth/teeth may be replaced with artificial teeth supported by dental implants (and supplemental procedures) as follows:

ANAESTHESIA:

- Local Anaesthetic
- Inhalation Sedation (Nitrous – oxide/Happy Gas)
- Intravenous Sedation
- General Anaesthetic

(All risks/benefits and instructions pertaining to sedation and general anaesthesia on separate forms).

1. ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION:

It is a legal requirement that you are given certain information and that we obtain your consent prior to beginning any treatment. You are being asked to sign a confirmation that we have discussed the nature and purpose of the treatment, the known risks associated with the treatment, and the feasible treatment alternatives; that you have been given an opportunity to ask questions and express concerns, and that these have all been answered in a satisfactory manner. Please be sure to read this form carefully before signing it and ask about anything that you do not understand. We will be more than happy to help as much as possible.

2. CONSENT FOR DENTAL IMPLANT/S

I hereby authorise and direct the provider whose name appears above with associates and/or assistants of his or her choice to perform the proposed surgery upon me, or on my dependant (of whom I have legal guardianship of and/or are legally empowered to give consent for) to insert dental implant(s) in my upper and/or lower jaw and/or placement of bone graft as necessary.

3. SURGICAL PHASE OF PROCEDURE

I understand that a local anaesthetic will be administered to me as part of the treatment. My gum tissue will be opened to expose the bone, implants will be placed and the gum sutured during the healing phase.

4. HEALING PHASE

I understand that the healing phase of surgery (that is, until the implants are integrated with the bone and ready for loading) varies from patient to patient and case to case, but typically lasts between 2-6 months (or more when bone grafts or sinus elevation are concerned). I understand that dentures or partial dentures that place pressure on the surgical site are to be avoided for 1-2 weeks following surgery unless instructed otherwise. If an immediate restoration is placed over the Implant (s), it is important that touch and pressure on the region is minimised during the healing phase.

I further understand that if dental implant placement is planned for the initial surgery and during surgery the clinical situations turn out to be unfavourable for the implant, Dr Ward will make a professional judgement to manage the situation. This includes cancelling the procedure, supplemental bone grafting/modification and supplemental soft tissue grafting to allow placement, gum closure and security of the dental implants. These procedures may be done in conjunction with or separately from the implant placement. I understand that some implants require second stage surgeries to uncover the implant. Overlying tissues will be opened at the appropriate time and the stability of the implant will be verified.

5. EXPECTED BENEFITS

The purpose of dental implants is to allow me to have more functional artificial teeth and an improved appearance. The implants provide support, anchorage, and retention for the artificial tooth replacement.

6. PRINCIPAL RISKS AND COMPLICATIONS

I understand that a small number of patients do not respond successfully to implant placement. In such cases, implants may have to be removed and replaced. Because each patient's conditions are unique, long-term success may not occur for every case. I understand that complications may result from the implant surgery, drugs or anaesthetics. These complications include but are not limited to:

- Post-surgical infection, bleeding, swelling, pain and facial discolouration.
- Cracking or bruising of the corners of the mouth.
- Transient but rarely permanent numbness of the jaw, lip, tongue, teeth, chin or gum. This can be due to the proximity of nerves to the surgical site, though this risk is low.
- Restricted ability to open the mouth for several days.
- Jaw joint injuries or associated muscle spasm.
- Transient but rarely permanent increased tooth looseness.
- Inflammation or infection of the sinuses (where grafts or implants to the upper jaw are concerned).
- 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.
- Impact on speech.
- Allergic reactions.
- Accidental swallowing of foreign matter.

The exact duration of any complications cannot be determined, and they may be irreversible.

There is no method that will accurately predict or evaluate how the gum and bone will heal. I understand that there may be a need for a revision procedure if the initial result is not satisfactory. In addition, the success of dental implants can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching

and grinding of teeth, inadequate oral hygiene and medications that I may be taking. To my knowledge, I have reported any prior drug reactions, allergies, diseases, symptoms, habits and conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by Dr Justin Ward and taking all medications as prescribed are important to the ultimate success of the procedure.

7. ALTERNATIVES TO SUGGESTED TREATMENT

I understand that alternatives to dental implant surgery include: no treatment, removable prosthesis, fixed prosthesis and other procedures depending on circumstances. However, I further understand that continued wearing of ill-fitting appliances or leaving the site without implants can result in further damage to the bone and soft tissue of my mouth and face and may also diminish my eligibility for dental implant treatment in the future.

8. NECESSARY FOLLOW UP CARE AND SELF CARE

I understand that it is important for me to continue to see my regular dentist. Implants, natural teeth and appliances must be maintained daily in a clean and hygienic manner. Implants and appliances should be examined by your referring dentist or Dr Ward periodically. I understand that failure to follow such recommendations could lead to ill effects, which would become my sole responsibility. I understand that smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery.

9. NO WARRANTY OR GUARANTEE

Although the likelihood of success is extremely high, I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, Dr Ward cannot predict certainty of success. There is a risk of failure, relapse, additional treatment or even worsening of my dental implants and surrounding teeth, including the possible loss of certain teeth or implants, despite the best care. It is necessary for general care appointments every 6 months after implant surgery, if these are not made this will also void any implant warranty.

10. SMOKING

It is advised that smoking be ceased for as long as possible in the weeks surrounding the surgery- preferably 3 weeks before and 4 weeks after. Smoking can seriously impede healing and integration of dental implants and bone/sinus grafts.

11. PUBLICATION OF RECORDS

I authorise photos, slides, x-rays and any other viewings of my care and treatment during or after its completion to be used. My identity will not be revealed to the public however, without my permission.

12. PATIENT CONSENT

I have been fully informed of the nature of implant surgery, the procedure to be utilised, the risks and benefits of implant surgery and the selected anaesthesia, the alternative treatments available and the necessity of follow up and self –care. 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 consent to the performance of such additional and alternative procedures as may be deemed necessary in the best judgement of Dr Justin Ward.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT DOCUMENT CONCERNING IMPLANT AND BONE GRAFT SURGERY (4 pages).

DATE:

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PATIENT OR LEGAL GUARDIAN SIGNATURE:

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