SOUTHERN RIVERS
DENTAL

Southern Rivers Informed Consent for Dental Implant Surgery

Recommended Treatment: After a careful oral examination, radiographic evaluation and study of my dental condition, it has been advised to me that my missing tooth/teeth may be replaced with artificial teeth supported by one or more dental implants. The procedure has 2 phases, surgical phase (placing the implants and later exposing them) followed by a prosthetic phase (getting the replacement teeth attached to the implant).

Surgical Phase of Procedure: A local anesthetic will be used during the implant surgery. Other forms of sedation, such as nitrous oxide (laughing gas) or sedative pills (valium) might be used. Gum tissue will be cut open and pulled away to expose the jawbone, a hole or holes will be drilled into the jawbone, and the titanium dental implant screw(s) will be placed. The implants will have to be snuggly fit and held tightly in place during the healing phase. The soft tissue (gum) will be sutured over, closed over or around the implant(s). Healing will be allowed to proceed for a period of four to six months. I understand that dentures cannot be worn during the first one to two weeks of the healing phase.

After the required healing time period, the implant will need to be exposed. A local anesthetic will be given, the overlying tissues will be opened and pulled away, and the stability of the implant will be verfied. If the implant appears satisfactory, an attachment will be connected to the implant. If all goes as planned with no complications, plans and procedures to create an implant prosthetic, appliance or artificial crown may begin.

Prosthetic Phase of Treatment: This phase is just as important as the surgical phase for the longterm success of the oral reconstruction. During this phase, an implant prosthetic device will be attached to the implant.

Expected Benefits: The purpose of dental implants is to allow more functional artificial teeth and/or improved appearance. The implants provide support, anchorage, and retention for artificial teeth or crowns.

Principal Risks and Complications: Some patients do not respond successfully to dental implants, and in such cases, the implant may be lost. Implant surgery may not be successful in providing artificial teeth. Because each patient's condition is unique, long-term success may not occur.

Complications may result from the dental implant surgery involving the gums and jawbone, or from drugs or anesthetics. These complications include, but are not limited to postsurgical infection, bleeding, swelling, pain, facial bruising, transient (on rare occasion permanent) numbness of the jaw, lip, tongue, chin or gum, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, perforation of the drill hole into the sinus if an upper implant is being placed, accidental swallowing of foreign matter, and transient (on rare occasion permanent) increased tooth looseness, tooth sensitivity to hot, cold, sweet, or acidic foods. The exact duration of any complication cannot be determined, and they may be irreversible.

I understand that the design and structure of the artificial tooth/teeth can be a substantial factor in the success or failure of the implant. It is always possible to have a successful, solid implant and the connection between the implant and the gum and/or bone may fail right away, or even months or years later, necessitating the removal of the implant.

Alternatives to Siggest Treatment: Alternative treatments for missing teeth include:

1. No replacement
2. Removable dentures, however, continued wearing of ill-fitted and/or loose removable denture can result in further changes to the bone support of the remaining teeth and to the gum tissue of my mouth
3. Dental bridges

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Necessary Follow-up Care and Self Care: I understand that it is important for me to continue routine dental care, as well as to get the implants restored with artificial teeth.

I filled out a medical history to include all allergies and prescription medications (*especially Bisphosphonates*) I am taking, including over the counter (OTC) drugs such as aspirin.

I understand I will need to come for post op appointments following my surgery so that healing may be monitored. I further understand that smoking and excessive alcohol intake or inadequate oral hygiene may adversely affect healing and may limit the successful outcome of my surgery.

I know that it is important to:

1. Abide by the specific prescriptions and instructions given to me
2. See the dentist for post operative care as needed
3. Quit smoking, implant failure rates are several time higher in smokers
4. Perform excellent oral hygiene once instructed to; usually 1 week after the surgery is performed
5. Have my general dentist or prosthodontist restore the implant(s) once they are healed and I have been told I am ready for the prosthetic phase

Bone Graft Materials: Sometimes bone grafting is necessary and perfomed at the time of the implant placement to build more bone around the implant screw if there is an adequate width of bone due to bone loss or to grow bone at the bottom of some upper back teeth implants in order to "push" the sinus floor upward. The sources of bone graft material are from human organ donors and/or from bovine (cow) processed in accordance with FDA regulations through FDA approved commercial bone banks/processors. Sometimes sterile, medical grade calcium sulfate (plaster) is mixed with the bone. Plaster is inserted and resorbs completely in eight weeks; this is a good source of extra calcium content for obtaining a successful bone graft. A covering may be placed over the bone graft, either a non resorbable (needs to be removed) man-made thin Teflon wafer (commonly called a Teflon barrier) in a wafer form derieved from either bovine (cow) or porcine (pig) Achilles tendon. The purpose of the barrier is to keep the bone graft material in place.

No Warranty of Guarantee: No guarantee, warranty or assurance has been given to me that the proposed treatment will be successful, In most cases, it should be. Due to individual patient differences, however, there can never be a certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including possible loss of teeth despite the best of care.

Publication of Records: I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for either the advancement of dentistry or in promotional materials. My identity will not be revealed to the general public.

Communication with my Insurance Company or other Dental/Medical Providers involved with my care: I authorize sending correspondence, reports, chart notes, photos, x-rays and other information pertaining to my treatment before, during and after its completion with my insurance carriers, the doctors billing agency, my and any other health care provider I have who may have a need to know about my dental treatment.

Females Only: Antibiotics may interfere with the effectiveness of oral contraceptives (both control pills). Therefore, I understand that I will need to use some additional form of birth control for one complete cycle besides just birth control pills after a course of antibiotics is completed.

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Procedure(s) to be perfomed:

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I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this oral surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling the dentist of any pertinent medical conditions and prescriptions and non-prescription medications I am taking. I have had an opportunity to ask questions. I consent to the performance of the oral surgery as presented to me during my consultation and as described above. I also consent to the performance of such additional or alternative procedures as my be deemed necessary in the best judgement of the dentist. I have read and understand this document before I signed it

_____	_____	_____
Signature of patient, parent or guardian	Printed Name	Date
_____	_____	_____
Signature of Dentist	Printed Name	Date