

**Dental Rehabilitation Center
Implant, Cosmetic, & Reconstructive Dentistry
Consent For Clinical Treatment/Procedure**

Name of the treatment(s)/procedure(s): DENTAL (ORAL) IMPLANT SURGERY

Part of the body on which the treatment/procedure will be performed:

INFORMATION ABOUT THE TREATMENT/PROCEDURE

Reason for treatment/procedure (diagnosis, condition, or indication):

Missing, diseased, damaged, or unstable tooth (teeth).

Brief description of the treatment/procedure: DENTAL (ORAL) IMPLANT SURGERY

This procedure involves the placement of an implant to replace a lost tooth. The implant acts like the root of a missing tooth. An artificial tooth (crown) that looks like your natural tooth will be attached to the implant

You will be given an injection of a local anesthetic before your procedure. With local anesthesia, an injection of drugs causes numbness in the exact location of a minor surgery or dental procedure. If necessary, your dentist will remove decayed or damaged teeth before this procedure.

Usually, this procedure takes place in several stages. Sometimes, it can be done in two stages. Your dentist will talk to you about this. This procedure can be done for one tooth or for multiple teeth. Your dentist will cut your gum to expose the jaw bone. A special drill will be used to drill a hole in the bone where the implant screw will be placed. The implant screw is made of titanium, and is shaped like a cylinder. This will be placed into the hole in your jaw. If performed in one stage, a healing screw will be placed over the implant until the implant integrates with bone (osseointegration). The healing screw allows the gum to heal and contour for your future crown. It also gives your dentist access to the implant.

The healing screw shows above your gumline, so it will be visible when you open your mouth. Your gum tissue will be closed with stitches around the healing screw.

The implant will be left to heal for a few months. This will allow your bone to grow into the implant (osseointegration). A temporary denture may be placed to improve your appearance and replace missing tooth/teeth. Your doctor may decide to place a temporary crown over the implant immediately.

If the healing screw was not placed at the time of implant surgery, after osseointegration, your doctor may need to cut your gum to expose the implant screw. A healing abutment (post) will be placed into the implant screw. A temporary denture may be placed to improve your appearance and replace missing tooth/teeth. Your doctor may decide to place a temporary crown over the implant immediately.

Your gums will need to heal for one or two weeks after the healing abutment is placed. The healing abutment shows above your gumline, so it will be visible when you open your mouth.

Finally, an impression of your teeth will be made. This is done by placing a tray filled with a special material onto your teeth. The material will set around your teeth. The tray will be removed from your mouth. The material in the tray provides your dentist with impressions of all of your teeth. This will be used to make your final abutment and permanent crown. The crown is an artificial tooth that will be placed onto the final abutment. The crown and the final abutment will

either be in one piece and attached to the implant with a screw(screw-retained), or they will be separate pieces, where the final abutment is attached to the implant with a screw and the crown is cemented over the abutment. They will both look like your own tooth.

Potential benefits of the treatment/procedure:

This procedure may replace missing teeth. It may improve the appearance and/or function of a removable denture. It may also improve its stability.

Known risks and side effects of the treatment/procedure:

Known risks of this treatment include, but are not limited to:

Bleeding gums.

Bruising and/or swelling at the treatment site.

Damage to nerve(s). This may include temporary or permanent pain, numbness, or weakness. This may be discovered during the procedure or later.

Discomfort from incomplete numbing of the area.

Discomfort or pain from the initial injection.

Having this procedure done may affect future imaging studies. Ask your doctor.

Pain or discomfort.

The implanted device may move, fail, or become infected. You may need surgery to reposition, remove, or replace it.

The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.

The results of the procedure may not look or feel the way you or others want it to.

You may need additional surgery to remove implants or hardware.

You may need additional tests or treatment.

Bleeding. You may need blood transfusions or other treatments. This may be discovered during the procedure, or later.

Bone infection (osteomyelitis).

Infection.

Problems with the bone healing.

Reaction to local anesthesia or other medicines given during or after the procedure.

Reaction to the artificial material in your body.

Swelling.

Breakage of teeth or trauma to the gums.

Sinus problems.

Damage to nerves, blood vessels, and other structures surrounding the treatment area.

Damage to the jaw, jaw bone, or nearby structures. This may be discovered during the procedure, or later.

Fractures caused by instruments, hardware or implants used during the procedure.

The device or equipment used to do the procedure may not work correctly.

Your doctor may need to modify how this procedure is done. Your doctor may not be able to complete this procedure.

Alternatives to the treatment/procedure:

Alternatives are other types of surgery, such as root canal therapy, or watching and waiting. You may also choose no treatment.

Watching and waiting with your doctor.

Dental bridges.

Removable partial or full dentures.

You can refuse to use anesthesia.
You may choose not to have this procedure.

Anesthesia/Moderate Sedation:

Moderate sedation may be used. Medications will be administered to decrease anxiety and discomfort during the treatment/procedure. These medications will be administered by a qualified practitioner. Patient response to some of these medications varies. Patients are expected to remain aware and responsive during the treatment or procedure. Minor risks of moderate sedation include temporary amnesia or forgetfulness and downiness. Moderate sedation can interfere with your ability to drive, operate machinery, or make important decisions for up to 24 hours. Medications used for moderate sedation can cause allergic reactions, respiratory depression (this is when your breathing slows down and may stop), low blood pressure, and a slow or irregular heart beat. In rare instances, these complications can cause death. Tell your health care team if you do not wish to receive moderate sedation.

SIGNATURES

- All relevant aspects of the treatment and its alternatives (including no treatment) have been discussed with the patient(or surrogate) in language that s/he could understand.
- This discussion included the nature, indications, benefits, risks, side effects, and likelihood of success of each alternative.
- The patient (or surrogate) demonstrated comprehension of the discussion.
- I have given the patient (or surrogate) an opportunity to ask questions.
- I did not use threats, inducements, misleading information, or make any attempt to coerce the patient/surrogate to consent to this treatment.
- I have offered the patient (or surrogate) the opportunity to review a printed copy of the consent form.

Practitioner (Dr. Rami Jandali)

Date/Time:

PATIENT OR SURROGATE:

By signing below, I attest to the following:

- Someone has explained this treatment/procedure and what it is for.
- Someone has explained how this treatment/procedure could help me, and things that could go wrong.
- Someone has told me about other treatments or procedures that might be done instead, and what would happen if I have no treatment/procedure.
- Someone has answered all my questions.
- I know that I may refuse or change my mind about having this treatment/procedure.
- I have been offered the opportunity to read the consent form.
- I choose to have this treatment/procedure.

Patient or surrogate: (Name & Signature)

Date/Time:

Witnesses:

No witness is required if the patient or surrogate signs their name.