

## Surgical Placement of Dental Implant

**Dental Implant has been diagnosed and recommended** to me on tooth (teeth) # or area \_\_\_\_\_ due to Missing Tooth Roots. Implants would be used to anchor individual crowns, bridges or dentures to replace my missing teeth.

### Nature of Treatment

- Implant placement surgery requires exposing the bone, creating a space and inserting a titanium 'artificial root' into the bone. The procedure is performed under local anesthetic using dental instruments, implant surgical handpiece, and/or dental laser, the choice of which is determined by the dentist.
- The intended **benefit** of implant placement is to have an artificial root with which to anchor a crown, bridge or denture to replace missing teeth.

### Risks of Treatment

I understand that there are inherent risks in any medical or dental treatment or procedure, and that such risks include, but are not limited to, the following:

- Pain or discomfort, swelling, bleeding, bruising, and loosening or loss of dental restorations on teeth near the surgical site
- Infection and failure of the implants to heal and integrate into the bone, requiring antibiotics or other procedures to treat
- Perforation of sinus by an instrument or as a result of my anatomy
- Nerve disturbances such as temporary or permanent numbness, itching, burning, or tingling of the lip, tongue, chin, teeth, or gums.
- An allergic or other adverse reaction from the anesthetic injection (ie: temporary or permanent injury to nerves or blood vessels)

**Prognosis**      Favorable                      Questionable                      Unfavorable

### Alternatives to Dental Implant Placement (including Risks and Prognosis of alternatives)

I understand that the most common alternative to dental implant placement is:

- *Fixed bridge, partial denture or complete denture.* I may choose other options to replace missing teeth.  
**Risks associated with fixed bridge, partial denture or complete denture:** other teeth or bone can deteriorate over time with these options. Other teeth are utilized and modified in order to accommodate the new dental restorations, which may not be necessary with certain dental implants.  
**Prognosis with these alternative treatments** varies tremendously based on the individual's oral health condition.
- *No treatment.* I may choose to not have any treatment performed.  
**Risks associated with no treatment:** my condition may worsen, including loss of bone which could make implants no longer an option in the future. Also possible are temporomandibular joint (jaw) problems, headaches, referred pain to the back of the neck and facial muscles, and tired muscles when chewing  
**Prognosis with no treatment** is questionable to unfavorable.

### Acknowledgements

By signing below, I understand the nature of dental implant placement, possible complications, risks, and alternate treatment options.

- I acknowledge that no guarantees have been made to me concerning the results of the treatment.
- I have provided my dentist with the most accurate and complete medical, dental, and personal history possible, which includes a list of all antibiotics and other medications (including those for osteoporosis) I am currently taking as well as those to which I am allergic.
- I understand that implant placement may not relieve my symptoms. If treatment fails, other procedures, including additional oral surgery may be recommended.
- I understand that implant placement can also be performed by an oral surgeon or periodontist (specialists). If any unexpected difficulties occur during or after treatment, I may be referred to a specialist for further care.
- I have been given the opportunity to ask the doctor any questions regarding the procedure and they have been answered fully.
- I will follow any and all pre-treatment and post-treatment instructions as explained to me, including but not limited to No Smoking and No Alcohol for 72 hours after oral surgery.
- I further understand that implant placement surgery replaces a tooth ROOT only, and that I will be required to complete additional treatment to restore my teeth to function.

I hereby authorize Dr \_\_\_\_\_ to perform implant surgery on tooth (teeth) # \_\_\_\_\_

**SIGNED:**

\_\_\_\_\_  
Patient or Patient's Guardian

\_\_\_\_\_  
Date      Time

\_\_\_\_\_  
Treating Dentist

\_\_\_\_\_  
Witness