

## Consent for Dental Implants

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

I request Dr. Zeng and/or his associates to perform the surgical placement of dental implants upon me in the area of tooth # \_\_\_\_\_. This procedure has been recommended to me by my dentist as an option to replace my natural teeth.

Dental implants are metal anchors put inside the jawbone underneath the gum line. Small posts are attached to the implants, and artificial teeth are fastened to the posts.

Most patients need two appointments to install the implants. The first procedure involves drilling small holes into the jawbone to place the anchors. The second procedure will uncover the implants to allow for attachment of the posts. After the posts are in place, the replacement teeth can be fastened to the posts. Depending on the condition of the mouth, additional bone grafting may be necessary to install the anchors.

The potential benefits of this procedure include the replacement of missing natural teeth or supporting dentures.

I have chosen to undergo this procedure after considering the alternative forms of treatment for my condition which include: no treatment at all, complete or partial dentures or fixed or removable bridges. Each of these alternative forms of treatment has its own potential risks and complications.

I understand that there are potential risks, complications and side effects associated with any dental procedure. Although it is impossible to list every potential risk, I have been informed of some of the possible risks, complications and side effects. These may include but are not limited to:

- Post operative discomfort and swelling
- Bleeding
- Post operative infection
- Injury or damage to adjacent teeth
- Injury or damage to nerves in the jaw causing temporary or permanent numbness and tingling in the chin, lips, cheek, tongue or gums.
- Restricted ability to open the mouth because of swelling and muscle soreness or stress on the joints of the jaw or Temporomandibular Joint Syndrome.
- Fracture of the jaw

- Bone loss of the jaw
- Penetration into the sinus cavity
- Failure of the anchor, posts or attached teeth
- Allergic or adverse reaction to any medications

Most of these risks are not serious and do not occur frequently. These risks can not be predicted or prevented by the dentist performing the procedure. Although most procedures have good results, I acknowledge that no guarantee has been made to me about the results of this procedure or the occurrence of any risks, complications and side effects.

These potential risks and complications could result in the need to repeat the procedures, remove the implants, undergo additional dental medical or surgical treatments or procedures and possible hospitalization. Very rarely the potential risks could result in permanent disability or death. I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures. I request and authorize my dentist to perform such procedures as required.

I certify that I have read the contents of this form. I have read and will follow any instructions given to me related to this procedure. I understand the potential risk, complications and side effects involved with any dental treatment and have decided to proceed with this procedure after considering the possibility of both known and unknown risks, and the alternatives to the procedure. I declare that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness