

Implant Consent form

All patients receiving dental implants will be asked to sign consent forms

English law requires that you be given certain information and that we obtain your consent prior to any implant treatment. You are being asked to sign and confirm 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; that all your questions have been answered in a satisfactory manner. Please read this form carefully before signing. If you have any further questions please ask before your surgery.

Nature and Purpose of the Procedure

I understand incision(s) will be made inside my mouth for the purpose of placing one or more titanium implants into the bone of my jaw(s). The implant will serve as an anchor(s) for a crown (cap), bridge or a denture. I acknowledge that the dentist has explained the procedure, including the expected number and location of the implants to be placed. I understand that the crown (cap), denture or bridge, will later be attached to this implant after an appropriate healing period.

Alternatives to Dental Implant

The alternatives to the use of a dental implant, may include no treatment at all or construction of a dental prosthesis including a bridge supported on natural teeth or a denture. I have had the relative advantages and disadvantages of each procedure explained to me at my initial consultation and I have chosen to proceed with placement of the dental implant(s).

Unforeseen Conditions that develop after treatment has started

During treatment, previously unknown oral conditions may modify or change the original treatment plan such as discovery of changed prognosis for adjacent teeth. If this occurs the dentist agrees to inform me and discuss the alternative treatments as may be required by proper dental care in his best judgement.

Long term risks

There is a small chance that over time the bone supporting the implant, just as bone supporting teeth may be lost and the implant may then fail. You will be shown how to maintain your implants and asked to return for recall 12 and 36 months after completion of treatment. Smoking is a known risk to bone loss around implants as well as teeth. You will become a higher risk patient if you develop periodontal disease, diabetes or are a smoker.

Surgical risks

Swelling bruising and discomfort may be experienced following the procedure.

Some irritation can occur from the sutures.

Failure to integrate into the bone can occur although this has occurred in less than 1% of implants placed at the practice. Implants that fail to integrate will be replaced free of charge in non smokers.

When implants are placed in the lower jaw there is a small risk of permanent nerve damage, in cases when we are concerned about this we have CT scan performed to aid safe positioning. To date we have never had this complication occur at our practice but have to inform you of the possible risk

Due to the nature of bone being lost following the loss of teeth the implant and associated crown may not look identical to the teeth previously present. The gum level may also change on adjacent teeth when teeth are removed.

In the event that the quantity of bone available is insufficient to support an implant in the correct position it may be prudent to place a bone graft using a combination of your own bone and animal products that are bovine(cow) and porcine(pig) in origin. This will incur an extra cost that ranges from £600. This occurs in 20% of our cases treated. 80% of cases require no grafting at all.

If there is insufficient bone volume to support an implant at all it may be necessary to perform a two-stage procedure with bone augmentation as the first stage and implant placement at a second stage three months later. Additional cost will obviously be incurred.

Smoking can affect the healing around implants and may result in failure.

Prosthetic risks

The prosthetic components on top of the implants (crowns or bridges) may need replacement after a period of time. Cement that retains the crowns and bridges may wash out over time.

Dentures will wear over time and need replacement. The retentive components will need to be changed on average every year.

I would request that you allow me to take photos of the procedure for clinical records. Any photos taken during the procedure would not be identifiable as you.

I hereby state that I have read and I fully understand this consent form, that I have been given an opportunity to ask any questions I might have had, that those questions have been answered in a satisfactory manner.

Consent to Implant Placement

I hereby authorise _____ to perform surgery upon me to insert dental implant(s) in my upper and/or lower jaw and/or placement of bone graft using an animal product if required.

Implants to be placed _____

Implant Surgery Cost _____

Signed _____

Date _____

Print Name _____

Witness _____