
Informed Consent Form for Implants

What is a Dental Implant?

A dental implant is an artificial dental root that is placed in your jaw bone to hold a replacement tooth, bridge or denture. A dental Implant is considered a more conservative option in many clinical scenarios than traditional bridgework because it does not require any removal of healthy tooth structure.

How Long Does the Procedure Take to Complete?

Scenario 1) Tooth extracted more than 4 months ago (4 Months to Complete Implant Treatment)

CT Scan > Surgical Placement +/- Bone Graft (2 hr appointment) > Healing for 4 months > Prosthetic Phase (Impression) > 2 week Lab Turn-Around > Completion (Insertion of Crown/Bridge)

Scenario 2) Tooth to be extracted (8 Months to Complete Implant Treatment)

Tooth Extraction +/- Bone Graft > Healing for 4 months > CT Scan > Surgical Phase +/- Bone Graft (2 hr appointment) > Healing for 4 months > Prosthetic Phase (Impression) * > 2 week Lab Turn-Around > Completion (Insertion of Crown/Bridge)

**Denture patients will be referred to a dentist for the Prosthetic Phase*

What are the risks?

Surgical risks include, but are not limited to: post-surgical infection, bleeding, swelling, pain, sinus or nasal perforation during surgery, bone fractures, slow healing, implant failure. Very rarely permanent, but on occasion transient, numbness of the lip, chin or tongue may occur.

The Importance of Follow up Care

In order to improve ensure success, I have been informed that the implant(s) and adjacent teeth must be maintained daily in a clean and hygienic matter. I agree to perform the home-care in accordance with instructions provided, as well as keep continuing care appointments as recommended by my dentist and dental hygienist. We strongly recommend you maintain regular hygiene visits as recommended by our hygienists.

Guarantee

I acknowledge that there is no guarantee on the success of an implant. Smoking and non-compliance of hygiene will compromise clinical success. It is highly recommended to wear a nightguard once final restoration is completed.

Bone Grafting May be Required

I acknowledge that the graft material may be from a human donor, synthetic or an animal source. All the materials used in conjunction with these procedures comply with government regulations. The purpose of bone grafting is to increase the bone width of the existing bone to allow proper implant placement.

Patient Consent

It is my responsibility to seek medical attention should any undue circumstances occur post-operatively and I shall be diligently following any pre-operative instructions given to me. As a patient I have been given the opportunity to ask any questions regarding the nature and purpose of the surgical procedure and have received answers to my satisfaction. I do voluntarily assume any and all possible risks. By signing this form, I am freely giving my consent for surgery to be performed. I have been fully informed of the surgery to be performed, to my satisfaction. I understand the risks and benefits of the procedure and the necessity for follow-up and self-care.

Date: _____

Name of Patient/Guardian: _____

Signature of Patient/Guardian: _____