



CONSENT FOR ORAL SURGERY

Patient Name:
Last First MI Preferred Name

Diagnosis: Implant(s) with Temporary Crown(s)

After a careful oral examination, Dr. D'Aoust has advised me that my missing tooth or teeth may be replaced with artificial teeth supported by an implant.

Recommended Treatment:

In order to treat my condition, my surgeon has recommended the use of dental implants. I understand that the procedure involves placing implants into the jawbone. This procedure has a surgical phase followed by a prosthetic phase performed by my restorative dentist.

Surgical Phase:

I understand that a local anesthetic will be administered to me as part of the treatment and sedation may be utilized. My gum tissue will be reflected to expose the bone. Implants will be placed into holes that have been drilled in my jawbone.

The soft tissue will be stitched closed over or around the implants.

Healing will be allowed to proceed for a period of four to six months or more. For patients that have lost all of their natural teeth, dentures occasionally cannot be worn during the first several weeks of the healing phase.

I further understand that if during surgery, clinical conditions turn out to be unfavorable for the placement of implants, my surgeon will make a professional judgment on the management of the situation. The procedure may need to be cancelled or may involve supplemental bone grafts or other types of grafts to build up the ridge of my jaw to allow placement, gum closure, and security of my implants.

A temporary crown will be placed on the implant if the quality of the bone is good and the implant is solid. It may be shorter, smaller and slightly different in colour than the original crown or tooth and the final or permanent crown.

Prosthetic Phase:

I understand that 4-6 months after implant placement, I will be referred back to my restorative dentist for the fabrication of the artificial tooth or teeth.

Expected Benefits:

The purpose of dental implant(s) is to allow me to replace my missing tooth or teeth for improved function and/or to improve my appearance. The implants provide support, anchorage, and retention for artificial teeth or crowns.

Alternatives to Suggested Treatment:

I understand that alternatives to this procedure include: no treatment, a removable complete or partial denture, and a bridge. However continued wearing of ill-fitting appliances can result in further damage to the bone and soft tissue of the mouth.

Primary Risks and Complications:

I understand that a small number of patients do not respond successfully to surgery, and in such cases, the involved teeth may eventually be lost. Because each patient's condition is unique, long-term success may not occur. I understand that complications may result from the surgery, drugs, and anesthetics. These complications include, but are not limited to:



- Bleeding, swelling and pain
- Allergic reactions
- Post-surgical infections
- Impact on speech
- Facial discolouration (bruise)
- Accidental swallowing of foreign objects
- Transient or permanent numbness of the lip, tongue, teeth, chin or gum
- Transient or permanent tooth sensitivity to hot, cold, sweet or acidic foods
- Delayed healing
- Jaw joint injuries or muscle spasms
- Cracking or bruising of the corners of the mouth; breakout of cold sores
- Restricted ability to open mouth for several days or weeks
- Worsening of the condition
- Transient or permanent tooth looseness
- Fracture of adjacent restorations or teeth
- Exposure of crown margins on teeth with crowns/bridges/veneers

I understand that if I smoke, I have more risk for the above complications. The exact duration of any complication(s) cannot be determined, and they may be irreversible. There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking.

To my knowledge, I have reported to my surgeon any prior drug reactions, allergies, diseases, symptoms, habits, or conditions, which may in any way relate to this surgical procedure.

No Warranty or Guarantee:

On average, ninety to ninety five percent of dental implants become successfully integrated with the jaw. This means there is, overall, a 5-10% chance that an implant won't take properly. If this is the case and an implant is loose, it will have to be removed, and a decision will be made whether another implant will be placed. There are rare cases where an implant appears well integrated with the bone, but ends up failing after it has been restored and in use for some time. When an implant is removed, the bone heals the same as after a tooth extraction, and an implant can usually be placed in the same area once it has healed. Due to the extensive nature of the surgery and prosthetics involved in delivering implant care, as well as the expense, we have developed a protocol to help compensate patients in the event of implant failures. The implant manufacturers have a 10 year guarantee on the fee we purchase the implant for, which has helped us develop a very generous protocol for compensation. In the event of a failure, if you decide to proceed with additional implant placement, the entire surgical fee and implant materials fee will not be charged again. However, the materials fee for sedation, bone grafting, etc. will be charged at 100% of the fee. If you elect not to proceed with further implant treatment, you will be refunded 50% of the surgical fee and 100% of the implant material fee, but are still responsible for the materials costs, if there were any (i.e. sedation, bone grafts, etc.).

Sedation:

I understand that if I take oral or IV sedation, I will need a driver to and from my appointment and that I should not operate any heavy equipment/machinery for 24 hours following the use of sedation.

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Patient Consent:

I have been fully informed of the nature of the required extraction or oral surgery, the risks and benefits, the alternative treatments available, and the necessity for follow-up care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my surgeon. After thorough deliberation, I hereby consent to the performance of extraction or oral surgery as presented to me during consultation and in the treatment plan presented to me. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my surgeon. I understand that these additional or alternative procedures may involve added cost that may not have been outlined in the estimate of treatment costs.

MEDICATION: PLEASE START ALL PRESCRIBED MEDICATION ONE DAY PRIOR TO YOUR SURGICAL APPOINTMENT.

Please refrain from wearing any make-up on the day of your surgical appointment.

If you have a denture, make sure it is not worn during the night.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Signature: _____

Date:

Response Date: