



OC DENTAL SPECIALTY GROUP

Implant Treatment Consent

Introduction:

This gives my consent to Dr. Penhaskashi/Dr. Bato and his assistants, who are not dentists, to perform the following treatment:

Implant

As previously explained to me or other procedures deemed necessary or advisable to complete the planned care.

The overall intent of the informed consent process is to inform you of the myriad of possibilities that exist as potential problems undergoing dental treatment. Many of the problems or conditions mentioned occur only occasionally and rarely. Also there may be other inherent risks not discussed in this brochure. The point is that you should be aware that the problems could happen. If this should occur, every effort will be made to treat the condition or conditions, which develop or refer you to the appropriate health professional. Treatment of human biologic conditions will never reach a state of perfection despite technological advancements.

This document attempts to inform you of the general procedures and potential difficulties and problems associated with dental treatment because of the variables presented by human beings, a communication pamphlet such as this can only generalize. Your individual treatment depends upon a close professional working relationship and every effort will be made to discuss and explain the specifics of your treatment in detail.

I understand that once treatment is started, it is imperative that all treatment be completed including the prosthetic reconstruction on the implant(s) and that failure to complete treatment can be detrimental to the implant(s) and their surrounding tissues and can result in tissue destruction and early loss of the implant(s)

Understood I need more information Initials: _____

I understand that photographs may be taken during my treatment.

Dental Implants

Dental implants are artificial substitutes for lost or congenitally missing natural tooth roots. They may be used to support a single crown, a fixed or removable partial denture, or a fixed or removable complete denture. Other oral implant services can be used to build up the jaw structures, which have lost bone from trauma or other causes.

There may be many kinds of oral implants. Each patient's special problem must be corrected by using the implant best suited for that problem. Some implants are made from metals, others from ceramics, and others from plastics. They may take the form of screws, cones, cylinders, pins, straps, or plates and are placed in the bone (endosseous implants). Sometimes implants are fabricated which may rest on top of the bone (superosteal implants)

Understood I need more information Initials: _____

When should implants be used

There are at least four specific situations in which implants can provide the treatment of choice: They are:

Certain situations in which a single tooth must be replaced.

The replacement of several teeth where there are insufficient remaining teeth to make a fixed prosthesis a prudent form of treatment.

The replacement of all of the teeth of a jaw bone.

The replacement of portions of the jaw bone for functional or cosmetic reasons.

Single tooth replacements

The conventional method of replacing a single missing tooth is with a fixed partial denture (fixed bridge), which is cemented to the teeth on either side of the missing tooth. The simplest and most conservative form of a fixed partial denture is a composite retained bridge, sometimes called a Maryland bridge. This involves a minimum reduction of tooth structure, but can only be used under certain ideal circumstances. A conventional fixed partial denture requires that the teeth on either side of the space be reduced in size to make room for metal crowns, which will be cemented onto the proper teeth. When properly made and cared for, these restorations can last for many years; however, on the average such restorations only last about 10 years and some authorities claim only 5 years.

Thus, whenever an otherwise sound tooth is prepared for a bridge, its life expectancy may thereby be considerably shortened. When the teeth on either side of a missing tooth have already been broken down from caries or other causes, then crowns are indicated, and the fixed partial denture is the treatment of choice. However, when the teeth involved are completely sound and there is adequate bone remaining in the space formerly occupied by the missing tooth, then an implant that can stand by itself without placing crowns on the adjacent teeth should be considered. In this instance the implant may be the most conservative restoration.

Numerous single-tooth replacement devices are available at the present time, but all such devices are relatively new (developed in the last 2 to 10 years) and there are no reliable prognosis figures available for any of them. Some of these devices seem to be reliable and others have shown a frequent early failure rate.

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Risk

All surgical procedures have certain risks. Whenever we do surgery on the lower jawbone, especially toward the back of the mouth, there is a risk of trauma to the nerve, which carries sensation from the lower lip to the brain. If this nerve is affected there can be a loss of feeling or a change of feeling perception of the lower lip and chin, which can vary from tingling, itching, burning, feeling cold, feeling hot, or feeling partially or completely numb. When this does occur, the feeling will usually return gradually to its normal state within a few weeks to a few months. However, the resulting numbness could last for many years. Similar problems can occur to the nerve and to the tongue, but this is rare.

Surgery on the upper jaw toward the front of the mouth can result in similar problem to the corner of the nose. The placement of implants on or in the upper jaw can result in perforations into, infections of, or problems with the nasal passages or sinuses. Again, such a problem is very unlikely, and if it does occur, it will usually heal uneventfully. It may require antibiotic therapy or, sometimes-unusual cases, surgical correction. If lesions are allowed to develop around an implant and are ignored, they may progress into the sinus and result in a condition, which may require future surgical correction(s).

Whenever an endosteal implant is placed near an existing tooth it is possible that the root may be damaged during preparation of the bone to receive the implant. While such damage is extremely unlikely, if it were to occur it would in all probability heal uneventfully, though it is conceivable that a condition might develop which could result in the loss of the tooth. If a lesion develops around an implant and is neglected, it could spread to an adjacent tooth and cause loss of support of the tooth. In a like manner, neglect of a lesion around an adjacent tooth can result in loss of bone support for an implant.

Stretching of the corners of the mouth may result in temporary cracking or bruising, Restricted mouth opening (trismus) may occur for several days or weeks as a result of keeping the mouth open for an extended period of time or mouth inflammation from anesthetic injection or the surgical procedure itself.

Other surgical risks include bleeding, bruising, infections, and swelling. Most important procedures can be carried out under local anesthesia. This is the safest form of anesthesia but it does have certain inherent risks, which range from minor local reactions to severe allergic reactions, which can result in death. Such reactions are very rare. When general anesthesia or sedation is required, risks can range from minor infections of the veins to death and essentially, everything in between. Again, such occurrences are rare

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How long will an implant last?

Dental implants are made from exceptionally strong materials and are engineered to withstand excessive occlusal forces with a considerable margin of safety. While fracture of an implant seldom occurs, it is possible. Aside from such mechanical failures, all problems associated with dental implants relate to breakdown of the tissues surrounding the implants. Three conditions can result in the loss of tissue around an implant. These are local conditions systemic conditions, and overloading of the implants.

Local Conditions: Bacteria can accumulate around a dental implant just as they can around a tooth. When bacteria are allowed to remain around the tooth, the gum becomes inflamed and there is eventual destruction of the bone supporting the tooth. We call this process periodontal disease because it takes place around teeth (peri-means around and dental refers to a tooth). The same process can occur around an implant if bacterial plaque is allowed to accumulate on it, and when this happens we call it periimplant disease. Therefore, the implant must be kept meticulously clean. Fortunately, the implant is usually easier to clean than the tooth it replaced, but if neglected, damage to supporting tissues can be expected. Other local damage can result from improper use of cleaning instruments, or any number of other mechanical, chemical, or thermal irritants.

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Systemic Conditions: Any systemic condition which prevents the body from repairing bone or other supporting tissues can result in the eventual loss of support for the implant. Such conditions as osteoporosis, collagen diseases, uncontrolled diabetes, frequent use of tobacco, excessive alcohol or drug consumption, or any debilitating disease can prevent the body from repairing itself. When these conditions exist, the implant cannot be expected to survive as long as it otherwise would. Personal stress, including but not limited to death of a loved one, marital or other family problems, occupational problems or those derived from injury to other bodily parts may compromise the prognosis of implants.

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Overloading: Whenever any structure is overloaded, something will have to give. There are some loads, which are within the physiologic tolerance of tissues supporting a tooth or an implant; the tissues not only manage these loads well but the loads actually stimulate the supporting bone to develop and be maintained around the tooth or implant. The teeth come together with varying degrees of force during such activities as eating, swallowing, and speech. These forces are usually physiologic and unless some abnormality exists, they will stimulate bone formation. During periods of extreme muscular activity (such as lifting a heavy object) most people will clench their teeth together with considerable force. This force may exceed by several times the total accumulated force placed on the teeth during a meal. While these forces can be extremely heavy, they are usually exerted over a very short time period and therefore are not likely to cause damage. These forces can exceed physiologic load in magnitude, but usually not in duration. Emotional stress can cause severe damage not only to the tissues supporting the teeth, but also to the tissues supporting the implant. Emotional stress can result in clenching, grinding, or rubbing the teeth together with considerable force for long periods of time. Gum chewing can change what would otherwise be physiologic loads into damaging pathologic loads simply by increasing the amount of time during which these forces are being exerted from perhaps 40 minutes a day (the average time spent chewing food) to 12 or 14 hours per day. Emotional stress can also change body chemistry, causing a systemic condition, which leaves the supporting tissues more susceptible to breakdown.

These all means that if the implant is kept clean, the body is kept healthy, and emotional stress is controlled; then the implant will provide service for many years.

Obviously, all of these conditions are not met by all of our patients all of the time. Nevertheless, even though over-all success rate for the devices is very high, there are no guarantees made for each individual patient.

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Health History: To my knowledge, I have given an accurate report on my health history form provided at the initial appointment. Any Prior allergic or unusual reactions to drugs, foods, insect bites, anesthetics, pollens, dust, blood or body disease, gum or skin reactions, abnormal bleeding or any other conditions related to my health have been disclosed to me. I understand at any time my medical status changes I will notify my dentist, as I understand such changes may affect the outcome of proposed treatment now and in the future.

Understood I need more information

Warranty: I understand there is no warranty or guarantee as to any result. I am further advised that I have been given an explanation of all risks before, or during and after the progress of my proposed treatment.

Understand I need more information Initials: _____

Informed consent: I READ AND WRITE ENGLISH.

I have read this consent form and was discussed to my satisfaction its contents and the specific information noted with Dr. Bato/ Dr. Penhaskashi who has answered all my questions. I certify that I have had the opportunity to read fully and understand the terms and works within the above consent. The explanation therein referred to or mad, and that all inapplicable items or paragraphs, if any were stricken before I signed. I understand that in each section a check mark by the doctor signifies an item or items considered probable in my case and that the remainder, continue as applicable possibilities. I understand all recommendation made to me today. I have asked any questions that I may have at this time and have had these questions answered to my satisfaction. I am satisfied with all services provided to me by this office to date including those provided today. You hereby have my consent to be examined and treated as necessary. I understand that I can receive a copy of the consent form at any time just by asking.

Patient Signature

Date

Doctor's Signature

Date