

Informed Consent: Implant Surgery

If you have questions, write them in this margin and discuss them with Dr. Chun before signing this consent form.

Dr. Chun has explained the various steps in my proposed surgery to reconstruct and restore the area of deficient bone volume with a bone grafting procedure and bone replacement materials. Alternate treatment has been discussed, and I feel comfortable proceeding with the surgery. The following pertains to my surgery, which has been explained to me.

The surgical technique has been explained to me in detail. I understand that just as in any surgery, complications can occur, including, but not limited to, infection, bleeding, tissue damage, permanent numbness of the lips, face, cheeks, and tongue when operating on the lower jaw, and loss of the graft requiring future surgical procedures.

I have been informed, and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to place the implant under the gum or bone. I further understand that the doctor will place the specific type and design of implant best suited for my bone. The implant will not be a particular brand or made by a manufacturer but one suited for the quality and quantity of my bone.

My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help secure and replace the missing tooth or teeth.

I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infections, and discolorations. Numbness may occur in the lip, tongue, chin, cheek, or teeth. If numbness occurs, the exact duration may not be determinable and irreversible. Other possible complications may include inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, and allergic reactions to drugs or medications.

I understand that if nothing is done, any of the following could occur: bone, disease, loss of bone, gum tissue, inflammation, infection, sensitivity, and looseness of teeth, followed by the necessity of extraction. Other possibilities are temporomandibular joint (jaw) problems, headaches, pain in the back of the neck and facial muscles, and tired muscles when chewing.

Dr. Chun has explained that there is no method to accurately predict each patient's gum and bone healing capabilities following the implant placement.

It has been explained that implants sometimes fail and must be removed. I have been informed and understand that dentistry is not an exact science: no guarantees or assurance as to the outcome of the results of treatment or surgery can be made.

I understand that excessive smoking, alcohol, or sugar may affect gum health and limit the implant's success. I agree to report to my doctor for regular examinations as instructed.

I agree with the type of anesthesia, depending on the choice of the doctor. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until I fully recover from the effects of the anesthesia of drugs given for my care. To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions.

Patient or Legal Representative Name & Signature

Date

Tooth #

Witness Signature

Date