

Information and Consent for Periodontal Implant Treatment

I have been informed, and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant(s) under the gum or in the bone.

The goal of this treatment is to provide me with a stable, comfortable dental reconstruction that will improve my ability to chew.

Alternative modes of treatment, such as removable partial dentures or complete dentures has been explained to me, as well as treatment not involving implants, and I have chosen to have the implants placed.

I understand that excessive smoking, alcohol or sugar may affect gum healing and may limit the success of the implant(s). I agree to follow my Doctor's home care instructions. I will be expected to return for periodontal maintenance (recalls) three (3) to four (4) times per year for the first year, and at least two (2) times per year after that. At the maintenance visit my bridgework, implants and gums will be checked and measurements, photographs and x-rays may be taken as needed.

To my knowledge, I have given an accurate report of my physical, medical and dental history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding and any other conditions related to my health.

Prior to the placement of any implant(s), Dr. Mandel/Dr. Keiser/Dr. Joseph will recommend and perform appropriate diagnostic procedures and communicate with my restorative dentist or any other health care provider necessary in order to minimize the chances of complication(s) and maximize the success of the implant treatment.

I agree to the type of anesthesia, planned in consultation with Dr. Mandel/Dr. Keiser/Dr. Joseph. I agree to not operate a motor vehicle or hazardous device for at least 24 hours or more or until fully recovered from the effects of the anesthesia or drugs given for my care.

Possible risks and complications involved with the surgical procedures, anesthesia and drugs used can include: pain and swelling (some discomfort and swelling usually occurs immediately after surgery), infection and bruising. Numbness of the lip, tongue, cheek, chin or teeth may occur. It is not possible to determine the exact duration and may not be reversible. In some instances, implants fail and must be removed (possibly up to 20% of implants placed in the upper jaw and 10% in the lower jaw). This may not necessarily mean the loss of the prosthesis – the lost implant(s) can often be replaced after an appropriate healing period (if necessary). Some complications, such as premature exposure of the implants, overgrowth of gum tissue around implants, or draining fistulas (infection), may be treated by secondary surgical procedures. Complications are infrequent, but do occasionally occur. The practice of dentistry is not an exact science; no guarantee as to the outcome of surgical or prosthetic treatment can be made.

I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.

I request and authorize medical/dental services for me, including implant(s) and other necessary surgery. I fully understand that, during and following the contemplated procedure, surgery or treatment, conditions may become apparent which warrant, in the judgment of the Doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials or care, if it is felt this is in my best interest.

Patient Signature (and/or guardian)

Date

Dr. Bruce P. Mandel/ Dr. Mark L. Keiser/Dr. Peter E. Joseph Signature

Date

Witness Signature

Date