**PATIENT TO TICK & SIGN 2 COPIES: ONE FOR THE DENTIST | ONE FOR THE PATIENT**

**PATIENT APPROVAL FOR DENTAL IMPLANT TREATMENT**

You have a right to be informed about your diagnosis and planned surgery so that you may decide whether to undergo a procedure after knowing the risks and hazards. The disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed.

Please follow the before and after written instructions fully. Failure to do so may result in prolonged soreness and increased risk of infection.

1. **You have the option to have your treatment carried out under sedation,** so that you have minimum recollection of the procedure. If this is the case, please inform us before booking your implant surgery appointment. You will require a separate sedation assessment and you are required to bring a responsible adult to your treatment appointment so that they can look after you afterwards. **Sedation is strongly recommended if you are a nervous patient, got a gagging issue or having complicated/extensive implant surgery.**

It is beyond the scope of this text to write a fully exhaustive list of complications, but the following issues may occur following implant surgery. The more complicated your implant treatment, the more likely these will occur. **These can be minimised by following your written instructions and the dentist’s advice.**

- Pain, swelling, prolonged bleeding, bruising, soreness, jaw joint pain, muscle ache, general tiredness

- Infection, prolonged healing, general unwellness

- Stretching or cracking at the corners of the mouth

- Delayed healing causing discomfort a few days after the procedure, requiring further care

- Damage to adjacent teeth or fillings: This could occur at times no matter how carefully the implant surgery is carried out

- Sharp ridges which may require another appointment to smooth the area

- Portions of tooth remaining after an extraction (tooth removal)- sometimes fine root tips break off and may be deliberately left in place to avoid damage to nearby vital structures such as nerves or the sinus cavity (applicable when an implant is placed the same day as having a tooth removed).

- UPPER TEETH- sinus involvement: Sometimes, we place implants which extend into the sinus cavity. There is a small chance of the implant being displaced into the sinus cavity, a possible sinus infection and/or sinus opening. This issue may require medication and/or later surgery to correct.

- LOWER TEETH: numbness: Due to the proximity of the surgical site to the nerves which run along the lower jaw, it is possible to loose function of nerves following implant placement. The lip, chin, teeth, gums, or tongue could thus feel numb (resembling local anaesthetic injection). There may also be pain, loss of taste, and change in speech. This could remain for days, weeks, or possibly, permanently.

- Transient tinnitus (ringing in the ears) or transient vertigo (slight feeling of loss of balance)

- Jaw fracture. While quite rare, it is possible in difficult surgical situations and usually requires additional treatment, including surgery and hospitalization.

Expect some degree of discomfort for 1-7 days following your implant surgery, but providing you follow your instructions, the area should heal uneventfully. If you are worried about anything unusual following your implant treatment, contact our clinic.

**Please remember that we are here to look after you, so don’t hesitate to contact us if you feel something doesn’t feel right.**

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|  | **Please tick each box below if you understand** |
| I understand my **treatment options** for missing teeth, including no treatment. |  |
| I understand the **risks, benefits and limitations** of implant treatment. |  |
| To treat my condition, my dentist has recommended the use of dental implants. I understand that the procedure for implants is a surgical procedure that involves **placing implants into the jawbone.** This procedure has a surgical phase. Approximately 3 month later the prosthetic starts phase (this is when the crowns are construction on top of the implants). This involves multiple appointments. |  |
| I am aware of the stages of implant treatment and the **number of visits** is subject to change depending on the clinical circumstance. |  |
| It has been explained to me and I understand the purpose and nature of the procedure for the **surgical placement** of dental implants and for the **later construction** on the implants. |  |
| I have been given the **sedation option** for my implant treatment, including the surgical phase. |  |
| My dentist has discussed any **applicable cosmetic** treatment options with me, including teeth whitening, orthodontic treatment (braces), veneers, crowns and composite bonding. If I choose to have further cosmetic enhancement on my teeth, these treatments may need to be done before and/or after the implant treatment. |  |
| I may require **general dental treatment** to make my mouth stable prior to implant treatment. |  |
| I understand that I need to have **good oral hygiene prior** to commencing implant treatment, all **throughout** the phases of implant treatment and **after** the implants have been placed. |  |
| I understand that, even after implant treatment completion, **I need to attend** my dentist/hygienist regularly and have any recommended dental work carried out; including any x-rays or CT scans which need to be taken. |  |
| I understand that the success of treatment depends, in part, on the **maintenance by myself** of **good oral hygiene** around the implants. |  |
| I understand that although the success rate is high, as with any surgical procedure, some patients **do not respond successfully to dental implants,** and in such cases, the implant(s) may be **lost** or **bone loss** may occur around them. I acknowledge that no guarantees have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or post-surgical dental procedures. I am further aware that there is a risk that implant placement may fail, which might require further corrective surgery associated with removal of the implant(s). There may be a risk that **further implant treatment may not** be possible. |  |
| I understand that implant success is **dependent** upon a number of variables including, but not limited to: patients who are smokers, those who have had radiotherapy to the head and neck, patients with poorly controlled diabetes, compromised immune systems, patients with bone disorders (e.g. osteoporosis), individual patient tolerance and health, my home care of the implant(s)/prosthesis, and habits such as grinding my teeth. Where failures result, implant surgery may not be successful in providing artificial teeth in a small number of cases. |  |
| I understand that **mechanical failure,** such as fracture or loosening of the dentures, crowns and bridges may occur but that this is an infrequent event with implants unless excessive forces are continually used without care. In this event, further clinical attention will be required at **additional cost (after the guarantee period ends).** |  |

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| **I understand that although every care will be undertaken in the provision of all aspects of this treatment, as with all surgical procedures, the successful outcome of this treatment cannot be guaranteed but that failure of an implant is an infrequent event.** In the event of failure of the implant, further implant surgery may be offered, as appropriate. This may incur an additional cost/maybe covered under guarantees: dentist will discuss on a base-by-case basis. |  |
| I understand that in the event of failure or if a drastic change in the treatment plan is required, I may need to a consultation/treatment with **another dentist/specialist at another clinic.** |  |
| I understand that I may need to wear a **night guard (gum shield)** to protect my dental work following completion of treatment. This is applicable in circumstances if I clench/grind my teeth or have got a strong bite/delicate porcelain work. If I develop a clenching or grinding habit at some point in the future, I will contact my dentist for an assessment with a view to constructing a night guard. |  |
| I understand that, where the bone is found to be inadequate to receive an implant, it may be necessary to place a **bone graft** to improve the chance of success. These materials are totally safe for use in human surgery. We will gain your approval prior to the surgery. This is an additional chargeable procedure: the dentist will discuss on a base-by-case basis. |  |
| I understand that **complications** may result from the implant surgery, drugs, and anaesthetics. These complications include, but are not limited to: Post-surgical infection, discomfort, bleeding, swelling and pain; jaw joint injuries or associated muscle spasm; transient, but on occasion, permanent increased tooth looseness; tooth sensitivity to hot, cold, sweet or acidic foods/drinks; shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth; cracking or bruising of the corners of the mouth; restricted ability to open the mouth for several days or weeks; transient impact on speech; injury to teeth; bone fractures; nasal sinus penetration; maxillary sinus perforations, delayed healings; accidental swallowing of foreign matter; and allergic reaction to the drugs or medication used. No one has made any promises or given me any guarantees about the outcome of this treatment or these procedures. I understand that these complications can occur **even if all dental procedures are done according to clinical protocol.** |  |
| I have been advised that **smoking or alcohol** consumption may affect the tissue healing and may limit the success of the implant. Because there is no way to accurately predict the gum and the bone healing capabilities of each patient, I know I must follow the **home care instructions** and report to my dentist for **regular examinations,** as instructed. I further understand that excellent home care, including brushing with an **electric and manual toothbrush** and the use of any **other devices** recommended by my dentist, is critical to the success of my treatment and my failure to do what I am supposed to do at home will be, at a minimum, a partial cause of implant failure, should that occur. I understand that the more I **smoke,** the more likely it is that my implant **treatment will fail.** I understand and accept the risk. |  |
| I have given an **accurate report** of my medical record, including any physical and psychiatric disorders, emotional disorders, current medication and allergies. |  |
| **I have not had intravenous injections in relation to osteoarthritis or any other bone condition recently or in the past. Please discuss this with us if you have had this treatment or if you are not sure.** |  |
| I understand that, following surgery, it may be necessary for me to take **antibiotics** to counter infection and I agree to **refrain from smoking and alcohol** consumption at least 1 week preceding and 4 weeks following surgery. Greater risk of failure in smokers has been explained to me. |  |
| I understand that I have to keep my remaining teeth **plaque-free:** this involves brushing 2-3 times a day, with a soft electric and manual toothbrush and clean in-between my implants and remaining teeth/crown/bridgework with interdental brushes and floss. Failure or extraction of my remaining teeth my affect the prognosis of my implant(s) and prosthesis. |  |
| I consent to the use of **local anaesthetic (injections)** for the surgical procedure. |  |
| I authorise photos, slides, x-rays, or any other viewings of my care and treatment, during or after its completion, to be used for the advancement of dentistry and for educational purposes to our patients/website/associated web pages. **We will not reveal your identity. Pictures will be inside the mouth only and any pictures of my face will not be shown without my further consent. TICK for yes, CROSS for no.** |  |
| **Guarantee section**   1. If the **implant screw** were to fail before we have completed the treatment, we will replace it AT NO EXTRA COST to you, unless it fails because of:   -poor oral hygiene  -a deterioration in your medical health  -smoking  -facial trauma/accident  -refusing treatment which may cause a deterioration in your general dental health  -not following our aftercare instructions (e.g. chewing heavily around the implant surgical site)   1. If the **implant system** were to fail within 12 months of the date it of fitting, we would replace it AT NO EXTRA COST to you, unless it fails because of:   -poor oral hygiene  -a deterioration in your medical health  -smoking  -facial trauma/accident  -refusing treatment which may cause a deterioration in your general dental health  -not following our aftercare instructions (e.g. not wearing your protective gum shield at night)  We would have to provide an assessment to ascertain the cause of failure.  If an implant is lost after the guarantee period ends, I am responsible for the cost relating to removing the infected implant and for any new replacements. Naturally, we will discuss the cost implications if this happens.  **I understand the guarantee section** |  |
| I will keep this document in a **safe and secure** place for future reference. |  |
| I agree to **pay all fees**, which will be given to me, prior to commencing treatment, in a written format. I understand that treatment is subject to change, depending on the clinical circumstance. I am aware that if any further costs arise then this will be discussed with me and a new treatment cost plan issued. |  |
| I agree to follow the **pre- and post-operative instructions** in relation to implant surgery. |  |
| I understand that like teeth, implants will be surrounded by bone. Bone **will** gradually recede from the implant over the years- this is dependent on factors such as oral hygiene, smoking, trauma, medical factors, excessive biting and clenching & grinding forces. |  |
| I understand that the bone may recede rapidly around an implant- either during the treatment stage or at some point later due to an infection. This may result in the total loss of the implant or it may require additional surgical procedures to correct. If it happens after the guarantee period ends, charges are applicable to rectify. |  |
| I am aware that an implant can also fail during the phase of restorative treatment. It may be possible to replace the implant, providing no major bone loss has resulted. This will result in a second surgery, should I wish to proceed. |  |
| I am aware that there I need to attend on multiple occasions for the surgical and restorative stages. If there are any problems during treatment, the number of visits may increase. |  |
| I am aware that implants are not “fit and forget”. I still need to attend for regular check-ups to ensure my teeth and implants are ok. This may involve taking x-rays at my check-up appointments. |  |
| I understand the **finances** and I agree to **clear my balance,** per stage, prior to commencing treatment. **Payment for each stage is taken prior to booking the next appointment and the balance needs to be cleared before the next stage can be commenced.** |  |
| I have been given the chance to ask the dentist all the questions that I would like to know before commencing implant treatment. |  |
| I have been given the **necessary information** with regards to implant treatment to make an **informed decision** about the treatment option(s) I have chosen. |  |
| **I UNDERSTAND THE ABOVE AND I WOULD LIKE TO COMMENCE IMPLANT TREATMENT.** |  |

**Please sign below if you understand the above and would like to proceed with your implant treatment appointment. Sign the other duplicate copy of this document as well: keep one copy for yourself; the other copy to be given to the dentist.**

Name: …………………………………………………… Signature: …..…………………………………………………………. Date: ………....…………