



GLANCE DENTAL
Consent for Dental Implant Surgery

Print name of Patient

Date

Please initial each paragraph after reading on the space provided. If you have any questions, please ask your doctor before initialing. You have the right to be given information about implant placement, in order to determine if you want to have the surgery. You will be asked to sign this form confirming you understand what will be done, the risks you will incur and the other treatment options you have.

I, hereby authorize Dr. _____ and staff to perform the following procedure:

And to administer the anesthesia I have chosen, which is:

___ Local Anesthesia

___ Nitrous Oxide/Oxygen analgesia with Local Anesthesia

___ Oral Premedication with Local Anesthesia

___ General Anesthesia with Local Anesthesia

I have been told that there are other methods of treatment. They include:

I understand that I can choose other forms of treatment or no treatment at all, and I have been told about the risks of the choices.

___ **1.** I understand that cuts (incisions) will be made in my gums and holes drilled in my jawbones to put in one or more dental implants. They will be the base for replacement of one or more missing teeth or to hold a crown (cap), bridge, or denture (plate). The doctor has explained the procedure, told me about the incisions and what kind of implant will be used. If a crown, bridge, or denture is to be attached to the implant(s), the doctor indicated above will do this, and Glance Dental will bill me for this procedure.

___ **2.** I may need additional procedures to uncover the top of the implant, trim the gum tissue, or to add bone or gum tissue. No one has promised how long an implant will last. I have been told that once the implant is put in, I need to follow through with the whole treatment plan and finish it in the time set by my doctor. If this is not done, the implant(s) may fail.

___ **3.** My doctor has explained to me that there are risks and side effects of any surgical procedure. For this procedure, the main risks include but are not limited to:

- a. Post-operative pain and swelling. I might need to stay home for several days to heal
- b. Bleeding that is heavy or last for a long time that might need more treatment.
- c. Injury or damage to teeth or roots of teeth that are near the place of the implant.
- d. An infection after the procedure that might need more treatment.
- e. Stretching to the corners of the mouth that might cause cracking and bruising and might heal slowly.
- f. It might be hard to open my mouth for several days. This might be from swelling and muscle soreness, from stress on the jaw joints (TMJ), or from local anesthetic injections.



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- g. Implants placed in the lower jaw could harm one of the nerves in or near the jawbone and after the surgery; there might be pain or a numb feeling in my chin, lip, cheek, gums, teeth, or tongue. It is possible that I might lose my sense of taste. This might last for weeks or months. It can be permanent, but rarely happens.
- h. Implants placed in the upper jaw could cause an opening into the sinus or nose or an infection that might need additional treatment.
- i. Fracture of the jaw or a hole in a thin bony plate.
- j. Use of other materials that might have to be removed at a later date.
- k. Bone loss or gum disease around implant(s).
- l. Implant(s) or other parts breaking, or loss of the implant(s).
- m. Other: _____

___ **4.** If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

___ **5.** I understand that my doctor does not make or sell the implant device itself and cannot promise that it will be perfect.

___ **6. ANESTHETIC RISKS INCLUDE:** discomfort, swelling, bruising, infection, and allergic reactions. There might be swelling where an injection or intravenous drugs were given (phlebitis) that may hurt and/or cause disability, and may need special care. Nausea and vomiting can occur, although this does not happen often with IV sedation or general anesthesia. Intravenous sedation or general anesthesia, are serious medical procedures and although considered safe, there are rare risks of heart irregularities, heart attack, stroke, brain damage, or death.

___ **7. YOUR OBLIGATIONS IF IV SEDATION OR GENERAL ANESTHESIA IS USED:**

- a. Because you will be very sleepy after having IV Sedation or general anesthesia, a responsible adult **MUST** come with you to drive you home and stay with you until you are recovered enough to care for yourself. This could take up to 24 hours.
- b. During this time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
- c. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR IV SEDATION OR GENERAL ANESTHETIC. TO DO OTHERWISE MAY BE LIFE THREATENING!**
- d. However, it is important that you take any of your regular medications (high blood pressure, antibiotics, etc.) or medications provided by this office, using only a small sip of water.

___ **8.** I understand smoking is very, very harmful to the success of implant surgery. I agree to stop using all kinds of tobacco for 2-3 weeks before and after the surgery. I will make strong efforts to give up smoking

___ **9.** I understand that my doctor cannot promise that everything will be perfect. I agree to have this treatment.

___ **10.** I understand that the successfully placed implant/s will be covered under the life time warranty as long as I maintain regular dental check-ups and oral hygiene appointments every six months.



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CONSENT

All of my questions have been answered. I understand the risks of the surgery and anesthesia. I speak, read, and write in English.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date