



## PATIENT AGREEMENT and INFORMED CONSENT FOR DENTAL IMPLANTS

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Patient Agreement contains important information about the planned procedure(s). BY SIGNING THIS PATIENT AGREEMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS IT CONTAINS. Please read carefully and ask questions about any areas that are unclear.

Dr. Petty recommends the following surgical procedure(s):

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An implant is a titanium-alloy fixture placed into the existing bone of the jaw, which will be used to support a new tooth restoration, fixed bridgework or removable dentures. The benefits and risks of the surgical and prosthodontic procedures have been explained.

**SURGICAL PHASE:** A local anesthetic will be administered as part of the treatment. The gum tissue will be opened to expose the bone. Holes will be drilled into the jawbone and then the implant(s) will be threaded into the hole(s). The implants will have a snug fit and will be held tightly in place during the healing period.

The gum and soft tissue will be stitched closed over or around the implants. Healing will be allowed to proceed for a period of not less than three months and rarely more than six months; however, longer healing periods are sometimes necessary.

If, once the procedure has started, the clinical conditions in the mouth turn out to be unfavourable for the use of implants or prevent the placement of implants, Dr. Petty will make a professional judgment of the management of the situation, and may choose not to proceed.

The procedure may also involve bone grafting of the ridge of the jaw or upper (maxillary) sinus, making it longer, wider, or thicker to assist the placement and security of the implant(s). The bone graft material consists of the patient's bone, or donor human bone, which meets stringent donor screening and laboratory testing. The graft material is composed of small particles. Some of these particles may work loose during the initial healing period. However, this should not influence the success of the surgery and the particles are safe if swallowed. It may be possible to place the graft and insert the implants at the same appointment.

**Post-Operative Complications:** Bad things may happen in the placement and healing of implant(s). These include, but are not limited to: pain around the implant, infections, phobia or change of mind. In addition, some tingling and loss of sensation in the area may occur when the implants are placed (rare, usually reversible).

**Post-Operative Examination:** Approximately two weeks and again at two months after the implant(s) placement(s), Dr. Petty will want to check the surgery area. This will include:

1. Visual inspection of the implant area in the mouth.
2. Testing of the implant using palpation (touching) and percussion (tapping) of the fixture for mobility, which may include electronic devices.
3. Periodontal tissue evaluation with respect to inflammation or signs of infection.
4. Biopsy of gingival tissue, if necessary.
5. Radiographs (x-rays) or other diagnostic imaging, if necessary.

**Prognosis:** While the prognosis (outcome) is generally favourable, the results cannot be guaranteed, since unforeseen changes in the bone and soft tissue may occur. If a graft was necessary, it is possible (rare) that your graft may become infected or may be rejected by your body. In addition, if the implant/graft does not join properly with the bone (very rare), it will be necessary to remove the implant/graft. No problems other than the loss of the implant/graft usually occur as a result of this removal. If, on the remote possibility an individual or entire group of implants should fail to integrate into the bone, a new attempt can usually be made at a later date.

**SECOND SURGICAL PHASE:** Sometimes, the gum grows over the top of the implant. This will require a second surgical phase procedure to uncover the implants, typically, two months after insertion of the implant(s). For implants requiring a second surgical procedure, local anesthetic will be administered, the overlying tissues will be opened, often using a laser, and the stability of the implant verified using the above listed Post-Operative Examination methods. If the implant(s) appears satisfactory, a metal attachment will be connected to the implant(s) and stick out through the gum. Plans and procedures to create an implant crown or appliance can then begin after the gum tissue has healed and the stability of the implant verified using the above listed Post-Operative Examination methods.

**PROSTHETIC PHASE:** Once the implant(s) are verified as being stable and healed (integrated), the necessary impressions/moulds are taken of the implant(s), and fabrication of the final appliance (denture, bridge or crown) which will be fitted on the implant(s), will occur. This phase of treatment will be performed either by Dr. Petty, by our partnering dentist, or by a combination of both parties.

**Expected Benefits of Implants:** Implants provide support, anchorage and retention for artificial teeth or crowns. Implants give the ability to improve chewing function and facial/mouth esthetics.

**Principal Risks and Complications:** Some patients do not respond successfully to a dental implant and the implant(s) may fail to integrate into the bone properly. Because each patient's condition is unique, long-term success of the implant(s) may not occur and cannot be guaranteed.

Written and visual information has been provided, and, Dr. Petty and/or his staff have explained the proposed treatment. There are other alternatives to implants. They include, but may not be limited to:

**1) No treatment:** The risks of no treatment include; compromised esthetics, resorption of the jaw bone where the missing tooth/teeth were, drifting of the opposing or adjacent teeth resulting in periodontal problems or loss of other teeth, change in the bite, and/or jaw (temporomandibular) joint (TMJ) problems.

**2) Removable appliance:** Restores function and possible lip support, however it may increase jaw bone resorption, usually requires multiple relines to improve fit and comfort as the jaw bone resorbs over time, may need to be replaced over a lifetime, and can cause sore spots on the gums.

**3) Fixed bridge:** Restores function and esthetics, prevents teeth from shifting, nothing removable in the mouth, however, it does not prevent bone resorption around the missing tooth, requires grinding of adjacent teeth into pegs which can compromise the long term health of those teeth (due to trauma caused by the preparation of these teeth or possible future cavities), can be difficult to keep clean, and may need to be replaced over a lifetime.

There are certain potential risks and complications with the recommended surgical procedures, anesthesia (freezing), chemicals and proposed drugs that may be used, recommended and/or prescribed.

These include, but are not limited to:

- 1) POST-TREATMENT PAIN:** Can be controlled by the medication that Dr. Petty recommends, e.g. Advil/Motrin (ibuprofen) or Tylenol (acetaminophen) - please read the package insert for dosages - or prescribes. These medications when taken on an empty stomach can cause stomach upset, nausea, etc. Take pain medication with food or fluids.
- 2) SWELLING, BLEEDING, BRUISING:** Minimal bleeding after the surgery is normal. This can be controlled by local measures placed by Dr. Petty (e.g. sutures, special materials in the socket), and by following instructions (e.g. pressure produced by biting on gauze). Some swelling is normal and it will begin to subside after approximately 48 hours. If the bleeding or swelling is excessive, contact the clinic as soon as possible. Bruises may persist for a week or so.
- 3) INFECTION:** Because the mouth is a non-sterile environment, infection may occur, no matter how carefully sterility is maintained, during or after completion of the procedure. An infection may require the use of antibiotics and/or surgical drainage. Should severe swelling occur, especially if accompanied by fever or malaise, call the clinic as soon as possible.
- 4) DAMAGE TO NERVES:** If a lower jaw implant(s) is placed, temporary (weeks/months/up to a year) or permanent numbness or tingling (extremely rare) to the lower lip, tongue, gums and/or chin may occur from the surgical procedure and/or administration of the anesthetic (numbing/freezing).
- 5) SINUS INVOLVEMENT:** If an upper jaw implant(s) is placed, in rare cases, a perforation into the sinus from the drill may occur and require further surgery and/or antibiotic use.
- 6) INJURY TO ADJACENT TEETH, FILLINGS AND/OR SOFT TISSUE:** This can occur no matter how carefully the surgical procedures are performed.
- 7) UNUSUAL REACTIONS TO MEDICATIONS GIVEN OR PRESCRIBED:** Mild to severe reactions, may occur from the anesthetics (numbing/freezing) or other medications administered, recommended or prescribed. Prescription drugs must be taken according to the instructions. Women who are using oral contraceptives should use another form of birth control when prescribed antibiotics, as antibiotics can render oral contraceptives ineffective.
- 8) LIMITED MOUTH OPENING:** Jaw muscle tenderness/soreness and a restricted jaw opening can result, lasting for several days or weeks, with possible pain/clicking of the jaw joint.
- 9) NO GUARANTEE OR WARRANTY:** Even though dental implants have a very high success rate, no guarantee, warranty or assurance is given. Due to individual patient differences, certainty of success cannot be predicted. There exists the risk of failure, relapse, additional treatment, or worsening of present conditions, including the devitalization (death) of certain teeth, despite the best of care.
- 10) NECESSARY FOLLOW-UP CARE AND SELF CARE:** It is very important to continue routine dental care (cleaning and check-ups), as well as continuing to the Prosthetic Phase (as outlined above) of the treatment plan. Implants, natural teeth and appliances have to be maintained daily in a clean, hygienic manner. This care and maintenance is critical for the ultimate long-term success of dental implant(s).

**11) SMOKING, EXCESSIVE ALCOHOL INTAKE, CERTAIN MEDICATIONS (e.g. bisphosphonates), AND CERTAIN CHRONIC MEDICAL CONDITIONS (e.g. diabetes, renal failure):** These may adversely affect the healing and successful outcome of implant surgery. The more someone smokes or if diabetes is poorly controlled, the greater the chance that implant treatment WILL fail. I understand and accept that risk.

**I HAVE READ THIS PATIENT AGREEMENT AND INFORMED CONSENT. I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION AND I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT. I GIVE DR. PETTY PERMISSION TO DO THE ABOVE LISTED PROCEDURES.**

**I ALSO GIVE PERMISSION TO RECEIVE SUPPLEMENTAL TREATMENT WHEN DEEMED NECESSARY BY DR. PETTY.**

**I UNDERSTAND THAT THE FEE FOR MY DENTAL IMPLANT(S) AND SURGERY DOES NOT INCLUDE THE FEE FOR PROSTHETIC WORK.**

STATEMENT:

**I HAVE READ THIS PATIENT AGREEMENT AND HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION. I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT.**

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_