

DENTAL IMPLANT & BONE GRAFTING SURGERY CONSENT FORM

Diagnosis

After a careful oral examination and study of my dental condition, Dr Misagh Habibi has advised me of my dental condition. Dr Habibi has advised me that my missing tooth/teeth may be replaced with artificial teeth supported by dental implants (and supplemental procedures) as follows:

Anaesthesia

1) Local anaesthetic 2) Nitrous Oxide Sedation 3) IV sedation

(All risks/benefits and instructions pertaining to sedation on separate instruction form.)

I have selected the above treatment and have read and understand all the relevant forms.

Recommended Treatment

In order to treat my condition, Dr Habibi has recommended that my treatment include dental implant(s) to be implanted into the jawbone. I understand that this surgical phase is followed by a prosthetic phase where artificial dentures, bridges, or crowns are placed by either Dr Habibi or the referring dentist.

Surgical Phase of Procedure.

I understand that sedation may be utilised and that a local anaesthetic will be administered to me as part of the treatment. My gum tissue will be opened to expose the bone, implants will be placed and the gum tissue will be sutured during the healing phase.

Healing Phase

I understand that the healing phase of surgery (until the implants are integrated with the bone and ready for loading) varies from patient to patient and case to case, but typically last between 2-6 months (or more when bone grafts or sinus elevation grafts are concerned). I understand that dentures or partial dentures that place pressure on the surgical site are to be avoided for 1-2 weeks following surgery (or more) unless instructed otherwise. If an immediate restoration is placed over the implant(s), it is important that touch and pressure on the region is minimised during the healing phase.

I further understand that if dental implant placement is planned for the initial surgery and during surgery the clinical situations turn out to be unfavourable for the implant, Dr Habibi will make a professional judgment to manage this situation. This includes cancelling the procedure, supplemental bone grafting/modification and supplemental soft tissue grafting to allow placement, gum closure and security of the dental implants. These procedures might be done in conjunction or separately from the implant placement.

I understand that some implants require second stage surgeries to uncover the implant. Overlying tissues will be opened at the appropriate time and the stability of the implant will be verified. If the implant appears satisfactory, an attachment will be connected to the implant. The artificial crown fabrication may begin after healing of this soft tissue. If I was referred by another dentist, I understand that I may be referred back to them to have this artificial crown/denture treatment.

Expected Benefits

The purpose of dental implants is to allow me to have more functional artificial teeth and an improved appearance. The implants provide support, anchorage, and retention for the artificial replacement.

Principal Risks and Complications

I understand that a small number of patients do not respond successfully to implant placement. In such cases, implants may have to be removed and replaced. Because each patient's conditions are unique, long-term success may not occur.

I understand that complications may result from the implant surgery, drugs, or anaesthetics. These complications include but are not limited to:

- Post-surgical infection, bleeding, swelling, pain and facial discoloration.
- Cracking or bruising of the corners of the mouth.
- Transient but rarely permanent numbness of the jaw, lip, tongue, teeth, chin or gum. This can be due to proximity of nerves to the surgical site, though this risk is low with the careful surgery, planning and assessment of the site anatomy using appropriate/3-D imaging that is carried out by Dr Habibi.
- Restricted ability to open the mouth for several days.
- Jaw joint injuries or associated muscle spasm.
- Transient but rarely permanent increased tooth looseness.
- Inflammation or infection of the sinuses (where grafts or implants to the upper jaw are concerned).
- Tooth sensitivity to hot, cold, sweet or acidic foods.
- Shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth.
- Restricted ability to open the mouth for several days.
- Impact on speech.
- Allergic reactions.
- Accidental swallowing of foreign matter.

The exact duration of any complications cannot be determined and they may be irreversible.

There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a revision procedure if the initial results are not satisfactory. In addition, the success of dental implant procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene and medications that I may be taking. To my knowledge, I have reported to Dr Habibi any prior drug reactions, allergies, diseases, symptoms, habits or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by Dr Habibi and taking all medications as prescribed are important to the ultimate success of the procedure.

Alternatives to Suggested Treatment

I understand that alternatives to dental implant surgery include: no treatment, removable appliances and other procedures depending on circumstances. However, continued wearing of ill-fitting appliances or leaving the site without implants can result in further damage to the bone and soft tissue of my mouth and face.

Necessary Follow-up Care and Self-Care

I understand that it is important for me to continue to see my regular dentist. Implants, natural teeth and appliances must be maintained daily in a clean and hygienic manner. Implants and appliances should be examined by your referring dentist or Dr Habibi periodically. I understand that failure to follow such recommendations could lead to ill effects, which would become my sole responsibility.

I understand that smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important to:

1. To abide by the specific prescriptions and instructions given by Dr Habibi
2. To see Dr Habibi and/or my referring dentist for periodic examination and preventive treatment. Maintenance also may include adjustment of prosthetic appliances.

Smoking

It is advised that smoking be ceased for as long as possible in the weeks surrounding the surgery – preferably 3 weeks before and 4 weeks after. Nicotine patches can be used to aid this process. Smoking can seriously impede healing and integration of dental implants and bone/sinus grafts.

No Warranty or Guarantee

Although the likelihood of success is extremely high, I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, Dr Habibi cannot predict certainty of success. There is a risk of failure, relapse, additional treatment or even worsening of my dental implants and surrounding teeth, including the possible loss of certain teeth or implants, despite the best of care. If a dental implant fails or requires removal/replacement in the first year after surgery, Dr Habibi will manage this at no fee (not applicable to smokers).

Publication of Records

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 reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

PATIENT CONSENT

I have been fully informed of the nature of implant surgery, the procedure to be utilised, the risks and benefits of implant surgery and the selected anaesthesia, the alternative treatments available and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr Habibi. After thorough deliberation, I hereby consent to the performance of dental implant surgery as presented to me during consultation and in the treatment plan presentation as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr Habibi.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT DOCUMENT: DENTAL IMPLANT & BONE GRAFT SURGERY CONSENT FORM (3 pages)

Date _____

Patient Name _____

Patient or Legal Guardian Signature _____

Witness (name and signature) _____