

# Consent for Dental Implants

## ANNEX 1

### CONSENT FOR DENTAL IMPLANTS

**Aim of consent.** General practitioners or specialists, as dentists, have the legal and professional responsibility to give each patient the information which will allow the patient to understand the nature of their problem, the recommended treatment, its cost and its advantages, the possible (elective treatment) or probable risks and complications, the prognosis, the alternatives, the follow-up and the care required after treatment. After having received and understood the following general information and the overall specific considerations for your own treatment, you must sign this document which authorizes your dentist to proceed.

### GENERAL INFORMATION AS A PREREQUISITE TO CONSENT FOR DENTAL IMPLANTS

**Diagnosis.** After having examined my mouth and studied my dental condition, my general practitioner or specialist, as a dentist, informed me that my missing tooth or teeth can be replaced with artificial teeth supported by one/several implant(s).

**Recommended treatment.** To treat my condition, my general practitioner or specialist, as a dentist, recommended the use of dental implants. I understand that the procedure for implants implies the placement of implants in the jawbone. This procedure begins with a surgical phase and is followed by a prosthetic phase and a maintenance phase.

**Surgical phase of treatment.** I understand that a sedative will probably be used and I will be given local anesthesia. My gums will be opened to expose the jawbone. Holes will be made in my jawbone and implants will be placed. The implants will be well-adapted and will remain in place during the healing phase. The procedure can sometimes involve bone grafts or other types of grafts to increase the size of the ridge of my jaw and, therefore, be of help for the placement and stability of my implants. The gums will be closed over the implants with the help of sutures. A surgical dressing could be used in certain cases. Healing should take place over a period of four to nine months. I understand that dentures can not be worn for a period of two to three weeks after placement of the implant(s). I also understand that if the clinical situation is not favorable for the use of implants or prevents the placement of implants in the planned sites that my dentist will choose the best possible alternative as per the explanations given to me beforehand.

After the healing period of four to nine months, a second surgical procedure will be necessary (for a surgical procedure in two stages). The tissues covering the implants will be opened and the stability of the implants will be verified. If the healing around

the implant is satisfactory, an attachment will be connected to the implant. The procedure to fabricate the prosthesis could be started six to eight weeks later.

**Prosthetic phase of treatment.** The surgical phase having been terminated, I will be seen by my dentist, either a general practitioner or specialist. The prosthetic stage is as important as the surgical phase for the long term success of the reconstruction. During this phase, a prosthesis will be attached to the implants. This procedure will be done by a person who has mastered the specific protocol for the implant system used.

Patient's  
Initials   Date

**Benefits of treatment.** The aim of dental implants is to allow me to have more functional artificial teeth. Implants provide support, anchorage and retention for these teeth.

**Principle risks and complications.** I understand that certain patients do not heal in a favorable manner and in such a situation the implant can be lost. It is possible that artificial teeth cannot be placed on the implants. As the condition of each patient is unique, long term success may not be a reality. Furthermore, surgical success may be affected by my medical condition, nutritional problems, smoking, alcohol consumption, the habit of grinding or clenching my teeth, inadequate oral hygiene and medication that I take. I understand that I must properly inform my dentist, general practitioner or specialist, in order that he can establish the best prognosis.

Even if they are **very rare**, I understand that complications can result from the surgery, medication and anesthesia. These complications include and are not limited to: post-surgical infection, bleeding, swelling, ecchymosis (blue), temporary and sometimes permanent paresthesia (numbness) of the lips, tongue, teeth, chin or gums, pain in the jawbone articulation or associated muscular spasm, sensitivity of the natural teeth to hot, cold and acidic or sweet foods, recession of the gums following healing and causing certain teeth to look longer and the spaces between the teeth larger, restriction in the capacity to open one's mouth for several days or weeks and an impact on diction (speaking). The exact length of time for every complication cannot be determined.

I understand that the design and the structure of the prosthesis can be an important factor in the success or failure of the implant. I also understand that alterations made for this prosthesis or on the implant itself could lead to the loss of the prosthesis or implant. I have been advised that the connection between the implant and bone can fail and that it then becomes necessary to remove the implant. This can happen during the preliminary phase, during the initial integration of the implant to bone or at any other time afterwards.

**Treatment alternatives.** Treatment alternatives for the replacement of missing teeth include new fixed or removable prostheses, as well as, other procedures according to the condition of my mouth.

**Necessary follow-up and personal care.** I understand that it is important that I continue to see my dentist, general practitioner or specialist, on a regular basis. Implants, natural teeth and prostheses **must be cleaned daily in order to maintain them in proper condition and that they be hygienic.** The implants and prostheses must also be examined periodically and can need adjustments or repairs. These repairs will be done according to my dentist's instructions. I understand that it is important that I follow the prescriptions and instructions from my dentist, general practitioner or specialist.

**No guarantee.** I understand completely that there is no guarantee or assurance that the suggested treatment will be a success. Due to specific variations between individuals, a dentist, whether a general practitioner or a specialist, cannot predict the success of the treatment to be rendered. In spite of the best care, there is always the possibility for failure and the need for additional treatment as a result of the same.

Patient's Initials   Date

**SPECIFIC INFORMATION AS A PREREQUISITE FOR PATIENT CONSENT FOR DENTAL IMPLANTS**

I have been fully informed of the nature of my problem, proposed treatment plan for me, its length of time, its particular limitations or risks associated with my condition, the prognosis, the nature of the surgical procedure and from that, the forthcoming prostheses, the available alternative treatments including non-treatment, the benefits, and the necessity for follow-up and personal care. I had the opportunity to ask all the questions that I could have in relation to the treatment and I obtained satisfactory answers from my dentist, general practitioner or specialist.

I understand that the risk factors that are associated with my particular case are as follows and that they are in addition to the general factors that have been previously explained to me:

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I also understand that the prognosis associated with my case is:

- limited     reasonable     good     excellent

I understand that the overall work will be controlled by Doctor \_\_\_\_\_

I understand that the surgical phase will be done by Doctor \_\_\_\_\_

I understand that the prosthodontic phase will be done by Doctor \_\_\_\_\_

I understand that the follow-up will be ensured by Doctor \_\_\_\_\_

Patient's Initials			Date
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After considerable thought, I, by the present, consent to the treatment plan for implants that has been proposed for me, as well as, the costs attached to the same as presented to me:

**DESCRIPTION OF COSTS AND METHOD OF PAYMENT**

**Surgical phase:**

Cost per implant: \_\_\_\_\_  
Number of implants: \_\_\_\_\_  
TOTAL: \_\_\_\_\_  
Payable as follows: \_\_\_\_\_

**Prosthodontic phase:**

Approximate cost of the prosthesis: \_\_\_\_\_  
Approximate laboratory costs: \_\_\_\_\_  
TOTAL: \_\_\_\_\_  
Payable as follows: \_\_\_\_\_

**Note:** *The final cost of the prosthodontic phase cannot be established until after the evaluation of the surgical phase.*

**Maintenance phase:** Cost per visit \_\_\_\_\_

I have informed the dentist, general practitioner or specialist, of all my allergies, diseases, symptoms, habits, medical conditions or any previous reactions to medications. I understand that I am responsible for the personal hygiene care recommended by my dentist, general practitioner or specialist, as well as, the fact that taking prescribed medication is important for the success of treatment.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE 4 PAGES OF GENERAL AND SPECIFIC INFORMATION AS A PREREQUISITE TO CONSENT FOR DENTAL IMPLANTS, THAT I HAVE BEEN FULLY INFORMED OF THE NATURE OF MY PROBLEM, OF THE TREATMENT PROPOSED TO ME, THE COSTS ASSOCIATED WITH THE SAME AND THE RISKS WHICH ARE ASSOCIATED WITH MY PARTICULAR CONDITION.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of patient, parent, guardian (in capital letters)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of witness