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**Informed Consent Information**

**(Implant stage 1)**

It is important that you fully understand information about your upcoming procedure, including the risks, benefits and alternatives associated with it. The purpose of this document is to provide you with this information, as a supplement to discussion with your physician. Please read this document carefully, and ask your physician any questions you may have before you sign this document.

**Reason for the procedure:**

Replace missing, diseased, damaged, or unstable tooth (teeth).

**The procedure:**

Dental/Oral - Implant Surgery

This procedure involves the placement of an implant to replace a lost tooth. The implant acts like the root of a missing tooth. An artificial tooth (crown) that looks like your natural tooth will be attached to the implant. You will be given an injection of a local anesthetic before your procedure. With local anesthesia, an injection of drugs causes numbness in the exact location of a minor surgery or dental procedure. If necessary, your dentist will remove decayed or damaged teeth before this procedure. Usually, this procedure takes place in several stages. Sometimes, it can be done in two stages. Your dentist will talk to you about this. This procedure can be done for one tooth or for multiple teeth. Your dentist will cut your gum to expose the jaw bone. A special drill will be used to drill a hole in the bone where the implant screw will be placed. The implant screw is made of titanium, and is shaped like a cylinder. This will be placed into the hole in your jaw. If performed in one stage, a healing screw will be placed over the implant until the implant integrates with bone (Osseointegration). The healing screw allows the gum to heal and contour for your future crown. It also gives your dentist access to the implant. The healing screw shows above your gum line, so it will be visible when you open your mouth. Your gum tissue will be closed with stitches around the healing screw. The implant will be left to heal for a few months. This will allow your bone to grow into the implant (Osseointegration). A temporary denture may be placed to improve your appearance and replace missing tooth/teeth. Your doctor may decide to place a temporary crown over the implant immediately. If the healing screw was not placed at the time of implant surgery, after Osseointegration, your doctor may need to cut your gum to expose the implant screw. A healing abutment (post) will be placed into the implant screw. A temporary denture may be placed to improve your appearance and replace missing tooth/teeth. Your doctor may decide to place a temporary crown over the implant immediately. Your gums will need to heal for one or two weeks after the healing abutment is placed. The healing abutment shows above your gum line, so it will be visible when you open your mouth. Finally, an impression of your teeth will be made. This is done by placing a tray filled with a special material onto your teeth. The material will set around your teeth. The tray will be removed from your mouth. The material in the tray provides your dentist with impressions of all of your teeth.

 This will be used to make your final abutment and permanent crown. The crown is an artificial tooth that will be placed onto the final abutment. The crown and the final abutment will either be in one piece and attached to the implant with a screw (screw-retained), or they will be separate pieces, where the final abutment is attached to the implant with a screw and the crown is cemented over the abutment. They will both look like your own tooth.

**Procedure Anatomical Location:**

**Benefits:**

This procedure may replace missing teeth. It may improve the appearance and/or function of a removable denture. It may also improve its stability.

**Risks:**

\* Bleeding gums.

\* Bruising and/or swelling at the treatment site.

\* Discomfort from incomplete numbing of the area.

\* Discomfort or pain from the initial injection.

\* Having this procedure done may affect future imaging studies. Ask your doctor.

\* Pain or discomfort.

\* The implanted device may move, fail, or become infected. You may need surgery to reposition, remove, or replace it.

\* The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.

\* The results of the procedure may not look or feel the way you or others want it to.

\* You may need additional surgery to remove implants or hardware.

\* You may need additional tests or treatment.

\* Breakage of teeth or trauma to the gums.

\* Damage to nerve(s). This may include temporary or permanent pain, numbness, or weakness. This may be discovered during the procedure or later.

\* Infection.

\* Reaction to local anesthesia or other medicines given during or after the procedure.

\* Reaction to the artificial material in your body.

\* Swelling.

\* Bleeding. You may need blood transfusions or other treatments. This may be discovered during the procedure, or later.

\* Bone infection (osteomyelitis).

\* Problems with the bone healing. You may need additional surgery.

\* Sinus problems.

\* The device or equipment used to do the procedure may not work correctly.

\* Damage to nerves, blood vessels, and other structures surrounding the treatment area.

\* Damage to the jaw, jaw bone, or nearby structures. This may be discovered during the procedure, or later.

\* Fractures caused by instruments, hardware or implants used during the procedure.

\* Your doctor may need to modify how this procedure is done. Your doctor may not be able to complete this procedure.

**Alternatives:**

\* Watching and waiting with your doctor.

\* Dental bridges.

\* Removable partial or full dentures.

\* You can refuse to use anesthesia.

\* You may choose not to have this procedure.

**What to expect if you decide not to have this procedure:**

If you choose not to have this procedure, you will still be missing teeth. You may not be happy with your appearance. You could have bone loss in your jaw due to the absence of a tooth or teeth. Your remaining teeth may shift, causing other problems.

**I understand that I am responsible:**

I am responsible for effective oral hygiene around the implants and that the effectiveness of my oral hygiene is important to the success of the implants. I understand that the specific oral hygiene recommendations which have been made, and I agree that following the prosthetic restoration of my implants I will be available for a consistent schedule of professional monitoring and maintenance care. I also understand that I will be charged a fee for the maintenance visits.

**Patient Signature:**

The dental implant consent video was shown to me.

The above information was discussed with me. I had the chance to ask questions and feel very informed from the answers given. I am confidently ready for my Dental Implant/s.

