

Randall J. Davis, D.M.D.

Allen J. Davis, D.M.D.

30 Plaza 9
Manalapan, NJ 07726
(732)- 303-0900

DENTAL IMPLANT CONSENT FORM

Patient Name _____

Date _____

I have been fully informed of the nature of implants and implant surgery, therapeutic risks, and treatment alternatives to dental implants, and I hereby consent to their surgical placement in my jaws (mouth). I agree to maintain these implants as prescribed by my dentist.

NATURE OF PROCEDURE

Implant Locations _____

The initial surgical phase consists of the surgical reflection of the gum tissue followed by precision drilling of holes into the underlying jawbone, which depth and width are somewhat similar to the roots of your natural teeth. These holes are immediately filled with metallic cylindrical posts (implants), which are designed to remain in the jawbone indefinitely. In some situations where inadequate bone is present, a regenerative procedure may be utilized in which a freeze-dried bone graft is placed and the site is then covered with a regenerative membrane. All surgery is performed under local anesthesia and may be supplemented with sedative drugs.

During the first two weeks following initial surgery, no dentures or partial dentures should be worn over the surgical sites without consent from the doctor.

The second procedure usually occurs 3 to 8 months after initial surgery. At this time, the implant is evaluated for proper healing, and a post is placed into the implant, which extends through the gum tissue into your mouth. Additionally, a minor surgical correction of tissue may later be necessary to modify any tissue overgrowths or discrepancies.

In the final prosthetic phase, a crown is placed over the implant post, restoring the tooth. The fee for the prosthetic phase is separate and not a part of the surgical fee.

ALTERNATIVE TREATMENT TO IMPLANTS

1. If no treatment is elected to replace missing teeth, the risks include: shifting of teeth, super eruption of teeth, and/or slow resorption of the underlying bone.
2. Replacement of teeth with a removable prosthesis, such as a full denture or a partial denture.
3. Replacement of teeth with a fixed prosthesis (bridge).

RISKS

1. Surgical risks include, but are not limited, to: post-surgical infection; bleeding; swelling; pain; facial discoloration; sinus or nasal perforation during surgery; TMJ (jaw joint) injuries or spasms; bone fractures; slow healing; and, transient, but on occasion, permanent numbness of the lip, chin, and tongue.
2. Prosthetic implant risks include, but are not limited to: unsuccessful union of the implant to the jawbone and/or stress fractures of the implant. After one year of stable implant retention, it is probable that the implant is permanently fused to the jawbone. A separate surgical procedure for removal of the implant if implant failure or fracture occurs.

UNFORESEEN CIRCUMSTANCES

I hereby acknowledge that no guarantee, warrantee, or assurance has been given to me that the proposed implant will be completely successful in function or appearance. It is anticipated that the implant will be permanently retained, but because of the uniqueness of every case, and since the practice of dentistry is not an exact science, long-term success cannot be promised.

During treatment, unknown conditions may modify or change the original plans, such as discovery of changed prognosis for adjacent teeth or insufficient bone support for the implant. I therefore consent to the performance of such additional or alternative procedures as may be required in the best judgment of the treating dentist.

PATIENT AGREEMENT TO DAILY HOMECARE

In order to improve chances for success, I have been informed that the implant and adjacent teeth must be maintained daily, and I agree to perform the homecare in accordance with instructions provided, as well as keep periodic maintenance visits.

I understand that Dr. Randall Davis is a general dentist, and that he will be responsible to assist me during the post-operative phase. It is my responsibility to inform Dr. Randall Davis of any problems that occur following the surgery. In rare cases, it may be necessary to refer some post-operative patients to another doctor. The cost associated with any consult or treatment with other doctors will be the patient's responsibility.

I certify that I read and fully understand the above authorization and information and consent to implant insertion. All of my questions have been answered to my satisfaction.

Patient Signature _____

Date _____

Witness Signature _____

Date _____