

Dental Implant

I have been informed and I understand the purpose and the nature of the dental implant surgery procedure. I understand what is necessary to accomplish the placement of implants into the tooth supporting bone.

Dr Landers has carefully examined my mouth. **Alternatives to this treatment** have been explained. I have tried or considered these methods, but I desire dental implants.

I have further been informed of the **possible risks and complications** involved with surgery, drugs, and anesthesia. Such complications include

- **Pain, swelling, infection, and discoloration** (bruising) that may require several days of at-home recuperation.
 - Adjacent teeth may also **feel loose** and/or become **hot & cold sensitive** and chewing sensitive for a time.
 - **Numbness** of the Gums, lip, tongue, chin, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible.
 - Other Possible risks include **inflammation of a vein, bone fractures, allergic reactions to drugs** or medications used,
 - **Bleeding**, usually controllable, but may be prolonged and require additional care.
 - **Delayed healing** and potential need for additional appointments.
 - Although rare, resulting **malocclusion** (incorrect bite) requiring additional care.
 - Stretching or cracking at the **corners of the mouth**.
 - I understand that holding my mouth open during treatment may temporarily leave my **jaw feeling stiff** and sore and may make it difficult for me to open wide for several days.
 - Less frequently patients can experience **restricted mouth opening** during healing. This is sometimes related to swelling.
 - Patients who have a history of **jaw joint (TMJ) problems** have a higher risk of TMJ Symptoms after treatment.
 - I understand that **individual treatment times cannot always be accurately predicted**. At our office, over the past 25 years, we have seen a wide range of healing times. We have had many patients receive a crown (or prosthesis) on their dental implant the very first day of the surgical placement of the dental implant. On the other hand, some patients require over a year before their dental implant can be restored. If your body heals at a slower rate, your treatment maybe delayed.
1. There is a **risk of gum and/or bone recession on the teeth adjacent to the surgical area**. Infrequently, this can result in tooth loss. Bone levels can decrease on teeth next to dental implant sites. This is especially of concern for anterior teeth. When bone levels decrease on adjacent teeth, **roots can become exposed and the teeth can become hot & cold sensitive**. When bone levels decrease the margins of porcelain Crowns and/or Veneers next to grafted area can become more obvious. Gum grafting maybe required.
 2. **Sinus Involvement**: dental implants placed in the upper jaw may be close to the sinus (air space above the teeth roots). A possible sinus infection and/or sinus opening may result, which may require medication and/or later surgery to correct. Please note that it is common during upper implant placement to do a "sinus tap" procedure in order to increase bone retention for a dental implant.
 3. Sensation: There may be a **temporary loss of feeling in the gums** in the operated area. Infrequently, numbness of the lip, tongue, chin, cheek, or teeth may occur. In limited situations, there may also be pain, loss of taste, and change in speech. The exact duration may not be determinable and in very rare cases may be irreversible.
 4. **Rejection of the dental implant**. I understand that there are no methods to predict accurately the gum and bone healing capabilities inherent to each patient following the placement of a dental implant. It has been explained to me lack of adequate bone growth around a dental implant could result in failure and in some instances the **failing implant must be removed**. Failure of a dental implant could create a bony defect requiring a need for additional or more extensive procedures in order to obtain sufficient bone for re-implanting another dental implant. I understand if any additional procedures are necessary they will be my sole financial responsibility.
 5. Patients should be on an **antibiotic 2 hours before the dental implant procedure**.
 6. I understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions, during or following treatment, **I agree to report them to the doctor** or his designated agent as soon as possible.
 7. I understand that if **I experience any unanticipated complications or unintended results that I will need to follow recommended appointments in a timely fashion** in order to correct and/or stop any further potential damage caused by such complication. I further understand, that any untreated dental infection and/or dental treatment complication not managed in a timely fashion could result in breakdown to otherwise healthy teeth, gums, jaw joint, and bone. In rare cases untreated complications can result in tooth loss or affect ones general health. All of which may result in the need for additional appointments and expenses. I understand that Dr. Kevin Landers is not liable for further breakdown caused as a result of my disregard or failure to report any side effects, and/or keep recommended appointment intervals.
 8. I understand that **smoking, person stress, alcohol or drug consumption, or blood sugar levels may affect gum and bone healing** and may limit the success of the bone graft and/or dental implants. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.
 9. It has been explained that, there is a possibility of an **Infection**: possibly requiring additional care. If left untreated may spread and cause damage to other teeth, bone and may cause systemic infection (fever).
 10. In **some instances, implants fail and must be removed**. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurances as to the outcome of treatment or surgery can be made.
 11. I understand that extensive **smoking, alcohol, or sugar may affect gum healing** and may limit the success of the implant. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.
 12. To my knowledge, I have given an **accurate report of my physical and mental health history**. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollen, dust, blood or body diseases, gum or skin reactions, abnormal bleeding, or any other conditions related to my health. I have informed Dr Landers if I have a history of taking aspirin daily or other anticoagulants. (I.e. Coumadin or Warfarin) and/or if I take Bisphosphonates: i.e. Fosamax for Osteoporosis.
 13. **I consent to photography, filming, recording, and x-rays** of the procedure to be performed for the advancement of implant dentistry, unless otherwise indicated.
 14. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. **I also approve any modification in design, materials, or care, if it is felt this is for my best interest**. I understand that during the procedure conditions may become apparent which makes placement of a dental implant not predictable. I understand that any time during the surgical procedure **Dr Landers may decide not to place the dental implant** and close the surgical site.
 15. I have been presented with the option to have a computed tomographic (CT) scan, in addition to conventional dental x-rays as a diagnostic aid, and the **treatment option of a surgical guide for implant placement**. Dr Landers offered implant guided surgery which would necessitate a CT- scan (approx cost 400/arch: I.e. 400 for upper 400 for lower) and Custom made implant guide \$1100.
 16. I understand that grinding, **daytime clenching and parafunctional forces** (forces in addition to normal functional forces) will accelerate gum recession and bone loss with or without gum surgery.
 17. I understand that **if no treatment is done** (i.e. no dental implant or other tooth replacement treatment), any of the following could occur: loss of bone, tooth migration (tooth movement), bite collapse, unbalanced bite forces & accelerated tooth loss, gum tissue inflammation, infection, and nerve sensitivity. Also, other possible complications are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.
 18. In addition to the above outline, the consequences of non-treatment have been explained to me. I have had an opportunity to ask questions and am fully satisfied with the answers I have received. I voluntarily agree to the bone graft procedure.

Patient's (Or Legal Guardian's) Signature

Date