

# CONSENT FOR DENTAL IMPLANTS

Patient name \_\_\_\_\_

Date of birth \_\_\_\_\_

*Washington State law guarantees that you have both the right and the obligation to make decisions regarding your health care. Your dentist can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision making process. This form will acknowledge your consent to treatment recommended by your dentist.*

1. I request and authorize Dr. \_\_\_\_\_ or his/her associates or assistants to perform the surgical placement of dental implants upon me. This has been recommended to me by my dentist as an option to replace my natural teeth.

Dental implants are metal anchors put inside the jawbone underneath the gumline. Small posts are attached to the implants, and artificial teeth or dentures are fastened to the posts.

Most patients need two surgical procedures to install the implants. The first procedure involves drilling small holes into the jawbone and placing the anchors. A temporary denture may be worn for a few months while the anchors bond with the jawbone and the gums and bone heal. The second procedure will uncover the implants to allow for attachment of the posts. After the posts are in place, the replacement teeth, in the form of a fixed or removable bridgework or denture, are fastened to the posts. Depending upon the condition of the mouth, bone grafting or guided tissue regeneration may also be necessary to install the anchors and posts.

The potential benefits of this procedure include the replacement of missing natural teeth or supporting dentures.

2. I have chosen to undergo this procedure after considering the alternative forms of treatment for my condition, which include no treatment

at all, complete or partial dentures, or fixed or removable bridges. Each of these alternative forms of treatment has its own potential benefits, risks and complications.

3. I consent to the administration of anesthesia or other medications before, during or after the procedure by qualified personnel. I understand that all anesthetics or sedation medications involve the very rare potential of risks or complications such as damage to vital organs like the brain, heart, lungs, liver and kidneys; paralysis; cardiac arrest; and/or death from both known and unknown causes.

4. I understand that there are potential risks, complications and side effects associated with any dental procedure. Although it is impossible to list every potential risk, complication and side effect, I have been informed of some of the possible risks, complications and side effects of dental implant surgery. These could include but may not be limited to the following:

- Postoperative discomfort and swelling
- Bleeding
- Postoperative infection
- Injury or damage to adjacent teeth or roots of the teeth

*Continued on other side*