

Curtis Wade, dds* PS

Practice Limited to Periodontics & Implants

* Diplomate of the American Board of Periodontology



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Implant Patient Information and Consent Form

I have been informed and I understand the purpose and the nature of the implant surgery procedure. Alternatives to this treatment have been explained. I have considered these methods, and have chosen implants to replace missing teeth. I understand that there is an additional cost(s), along with the fee for my implant/surgical fee, which would accrue with my General Dentist.

Implant(s) that are placed in the lower jaw, on rare occasions may cause some tingling or numbness to the lip or chin following surgery. Tingling or numbness usually is temporary, remaining weeks to months. This can occur from pressure or compression on a nerve tract, which is deep in the mandible. Implant(s) that are placed in the upper jaw are anchored to dense bone lining of the sinus and inadvertently puncture of the membrane can occur, but this does not alter the success of the implant. You may experience postnasal drip for two to three months. When a implant is placed between two teeth, due to limited space, placement of the implant may result in the necessity of a root canal on an adjacent tooth and it is not the financial responsibility of our office. Implants experience a very high degree of success, ranging anywhere from 92-98% success for the 35-year study, though failures do occur. There is also the possibility of bone loss (periodontal break down) around the implant. I also understand that smoking tobacco and or excessive amounts of alcoholic beverages may add to tissue break down and may cause delay in healing. (Smoking is the number one cause of implant failure.) Implants and the prosthesis are a mechanical means of replacing teeth and in some indications there are components that need to be replaced due to wear, these parts are not part of the warranty, and replacements will be charged to patient.

Dr. Wade or your General Dentist will suggest that you be fitted for a nightguard prosthesis for the stability and longevity of your implant(s). In this indication there is a fee. Implants, as well as your natural teeth, need a regular maintenance cleaning to maintain them properly. You must be aware that there will always be a possibility of periodontal breakdown around an implant. Maintenance cleaning can be done either in our office or with your General Dentist. Dr. Wade recommends a follow up implant recall to ensure the success of your implant(s), in which there is no fee, except for x-rays if required.

For a period of one calendar year following the placement of your implant, this office has provided for you an Implant Assurance Plan that will replace the implant and restoration if medically necessary and possible, at no cost to you. Each year thereafter you may continue the plan coverage by paying an annual renewal assurance fee. Our office will provide you with the original of your registered Implant Assurance Plan which explains the coverage and exclusions. If you elect not to continue the plan coverage after the first year, you will be responsible for all fees and expenses necessary to treat any future implant failure.

I authorize Dr. Curtis Wade and designated Assistants to perform dental implant(s) and any other procedures that may seem necessary during the operation. I consent to the administration of anesthetics or sedative drugs to be applied by or under the direction of Dr. Curtis Wade and Assistants and the use of such anesthetics and sedative drugs he may deem advisable in my case. I consent to have still pictures taken of my mouth during and after implant surgery. I understand that the photos may be used in dental publications or dental seminars, and also be used in documentation of the progress of my case. Any questions or concerns, please ask before signing.

_____ / /
(Patient, Parent or Guardian) (Date)

_____ / /
(Witness) (Date)