INFORMATIONAL INFORMED CONSENT
IMPLANT PLACEMENT

I UNDERSTAND that IMPLANT placement includes possible inherent risks such as, but not limited to the following:

1. **Possibility of failure of implants:** No matter how diligently and carefully the surgery necessary to the placement of implants is performed, there is always the possibility of failure resulting from the lack of integration with surrounding bone. Also, not all body tissues accept the materials from which implants are constructed and there may be rejection of the implants, infection and non-healing of the tissues. In such cases, removal will in all probability be necessary.
2. **Continuation of pre-existing periodontal disease:** Although grafting and other procedures may be performed prior to implant placement to replace bone lost due to periodontal disease or extraction of teeth, placement of implant will not prevent bone from being lost. Without meticulous home care and maintenance, implants can fail due to continuing periodontal disease and additional bone loss.
3. **Longevity of implants:** There can be no positive or even potential determinations as to the life expectancy of implants because of the many variables which are not within the treatment provider's control. It is also impossible to accurately predict my gum and bone healing capabilities following implant placement.
4. **Infection:** In spite of how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile environment in the mouth, infections may occur postoperatively. At times these may be of a serious nature. Should severe swelling occur, particularly when accompanied with fever or malaise, attention should be received as soon as possible. It is the patient's responsibility to contact this office should the foregoing occur. Such infection may necessitate removal of the affected implant or implants.
5. **Injury to the Mandibular Nerves:** There is the possibility of injury to the nerves of the face and tissues of the oral cavity during administration of local anesthetics or during implant placement which may cause numbness of lips, tongue, floor of the mouth, and or cheeks, etc. This numbness may be of a temporary or, rarely, permanent in nature.
6. **Complications Associated with the Maxillary Sinus:** When implants are placed in the posterior areas of the upper jaw, due to the location of the maxillary sinus there is a possibility that there could be a perforation into the sinus. Other complications such as infection or chronic sinusitis are also possible. Although procedures such as sinus lifts or sinus bumps may be performed in advance of or at the time of implant placement, prolonged healing, congestion or other sinus-related problems may persist.
7. **Excessive Smoking, Alcohol Intake or Diabetes:** These factors may adversely affect the healing process, limiting the resulting success of the implants and accompanying prostheses.
8. **Follow-up examinations:** It is absolutely necessary with implant therapy to have regular periodic examinations and additional procedures such as healing cap replacement, abutment placement and other procedures prior to restorations as deemed necessary by the treating dentist. The patient must assume the responsibility of making appointments and reporting as instructed by the treating dentist(s) or staff.
9. **Placement:** It is possible that ideal implant placement may not be feasible based on anatomic limitations and esthetic and functional compromises may have to be made during the process of completing dental restorations. Even ideal implant placement may be tempered by restorative problems. Well-integrated implants may become loose and fail years after placement.
10. **Unusual reactions to medications given or prescribed:** Reactions, from mild to extremely severe, may possibly occur from anesthetics or other medications administered or prescribed.
11. **Various x-rays may need to be taken prior to implant placement, including three-dimensional imaging:** To verify location of anatomic structures such as nerves and sinuses and to determine the best size and location of proposed implants, the dentist may need to take or order several different types of x-rays. These x-rays may result in additional fees.
11. **Bisphosphonate drug risks:** For patients who have taken drugs such as Fosamax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or for treatment of metastatic bone cancer, there is an increased risk of osteonecrosis or failure of bone to heal properly following any surgical procedure involving bone, including the placement of implants. There is thus an increased risk of failure of the implant due to delayed or failed osseo-integration or growth of healthy bone around the implant.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of the implants and prosthetics relating to implants and have received answers to my satisfaction. I do voluntarily assume any and all reasonable medical/dental risks, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of this procedure in hopes of obtaining the potential desired results from the treatment to be rendered to me. **No guarantees or promises have been made to me concerning my recovery and/or any results from the treatment to be rendered to me.** The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize Dr._____ and/or all associates involved in rendering any services he/she deems necessary or advisable to treatment of my dental conditions, including any anesthetic agents and medications.

_____	_____	_____
Patient's name (please print)	Signature of patient, legal guardian, or authorized representative	Date
	_____	_____
	Witness to signature	Date

(Rev. 12/16)