

Informed Consent

Implants

I understand that implant surgery involves the placement of metal anchors into the jaw bone. The length and thickness of the implant depends on the amount of supporting bone available in the jaw. The number of implants placed is determined by the number of teeth to be replaced, the amount of supporting bone available, and the amount of anchorage and nature of the intended fixed or removable prosthesis (crowns, fixed bridges or removable full or partial dentures).

I have been informed of the treatment, including alternatives. Some of the possible risks and complications of implant surgery include but are not limited to:

- Reactions or side effects to drugs used during or after surgery
- Damage to nearby teeth and fillings
- Infection
- Swelling, bruising and/or pain or sublingual hematoma, a rare, serious swelling of floor of the mouth
- Post-operative bleeding requiring treatment
- Delayed or inadequate healing, or post-operative infection requiring removal of the implant. A new implant may or may not be possible in a later surgical procedure.
- Possibility of involvement of the sinus, nerves, or nasal cavity which may require removal of the implant.
- Tingling or numbness of the lip, chin, face, tongue, and gums. These symptoms may be temporary or **permanent**.
- Rejection or poor toleration to the implant necessitating removal.
- Difference in the appearance of the prosthetic replacement (false teeth) from the original teeth.

I understand that one alternative to treatment is to do nothing. Some of the risks of doing nothing might be, but are not limited to:

- Loss of bone and gum tissue
- Inflammation, infection, and sensitivity
- Jaw joint problems, and/or sore spots from appliances
- Headaches and referred pain to other areas of the body.

I have elected to undergo implant surgery. I understand that there are no guarantees that the proposed treatment will be successful or that I will be completely or partially satisfied. I understand the treatment, the risks of such treatment, any alternatives have been explained to me and the risks of these alternatives, the consequences of doing nothing about my condition, and the fee(s) involved.

Patient Signature _____ Date _____

Dr Byers _____