

INFORMED CONSENT DISCUSSION FOR IMPLANT SUPPORTED RESTORATION(S)

Patient Name:_____ **Date:**_____

Implant placement and restoration involves two major stages: surgical placement of the implant(s) followed by the restoration of the implant after osseointegration (the bone grows around the implant) has occurred.

Dr. _____ will be doing the restorative phase and specific questions regarding the prostheses (customized restorations) will be answered during the informed consent discussion.

Fixed Appliance

a. *Risks, not limited to the following:* Fixed prostheses are customized restorations or replacements of missing teeth that are cemented and anchored to adjoining teeth. I understand the potential problems with fixed prostheses are the same as with my real teeth, such as: periodontal (gum) disease, porcelain fractures, occlusal changes, color changes, food impaction, decay, excessive wear due to grinding and bruxing, temporomandibular joint dysfunction (TMJD), and others.

b. *Benefits, not limited to the following:* I understand that a reasonable aesthetic appearance can be achieved, and my ability to speak and chew can be improved.

c. *Consequences of wearing a fixed prosthesis, not limited to the following:* I understand there are reasonable compromises I must adjust to when I wear prostheses because they are not my natural teeth. The exact color and shape of my natural teeth can only be approximated; loading on the supporting teeth will be increased and they will require preparation prior to crowning.

I understand that I may have an adjustment period to adapt my speech after the prosthesis is permanently cemented in place.

I understand that daily oral hygiene care by me, combined with regular cleanings and check-ups at my dentist's office, are necessary for the health of my entire mouth and the proper maintenance of my prosthesis.

Patient Concerns/Questions

I attest I have had a discussion with Dr. , who has explained the alternative dental treatments available for my toothless areas. The risks, benefits, and consequences of the prosthetic stages of implant treatment have been thoroughly discussed, and I understand and accept them.

I have had my questions answered to my satisfaction.

I understand that the placement of implants and the making of the compatible prosthetic devices are two separate treatments with separate expenses and separate risks and benefits.

I understand that in addition to the risks and complications associated with implants and prosthetics, certain complications may result from the use of anesthetics or sedatives. The risks, benefits, and alternatives regarding anesthesia will be explained to me, and I will disclose any allergies I have because they may affect my response to the anesthetic. The dentist administering the anesthetic will conduct a separate discussion with me and require a separate informed consent discussion.

I consent to have implant supported restorations designed, fitted and placed by Dr. _____ who will be consulting with Dr. _____ who has been selected to surgically place the necessary implants for my implant treatment plan. I accept the financial responsibility to pay for the prosthesis, and for the continued lifetime maintenance required for the success of my implant treatment.

OR

I have considered all of the discussions related to the restoration of my mouth, and have decided to not have implant supported restorations designed at this time.

Patient’s Signature _____

Date _____

I attest that I have discussed the risks, benefits, consequences, and alternative prosthodontic treatment plans with _____ (patient’s name), who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist’s Signature _____ Date _____

Witness’ Signature _____ Date _____