CONSENT FOR TWO-STAGE OSSEOUSINTEGRATED IMPLANT WITH SINUS-LIFT/BONEGRAFTING PROCEDURE

Patient's Name Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor before initialing.

You have the right to be given information about your proposed implant placement so that you are able to make the decision as to whether to proceed with surgery. What you are being asked to sign is confirmation that you have been given information on the nature of your proposed treatment, the known risks associated with it and the possible alternative treatments.

_____1. Dr._____ has informed me of my diagnosis (condition) which is described as: _____.

_____2. The surgical procedure proposed to treat the above condition has been explained to me and I understand it to be: _____ _____.

_____3. I understand that incisions will be placed inside my mouth in the upper/lower jaw for the purpose of placing one or more endosteal root form structures (implants) to serve as anchors for a missing tooth or teeth replacement to stabilize a crown (cap), bridge or denture. I acknowledge that the doctor has explained the procedure, including the number and location of incisions and the type of implant to be used. I also understand that the crown, bridge or denture that will later be attached to this implant(s) will be made and attached by Dr._____and that a separated charge will be made by that office.

_____4. In my case, I further understand that there is not enough natural jawbone in which to place the proposed implant and that a procedure called "sinus life" is planned. This procedure is more complicated than usual implant placement and involves opening the sinus cavity in my upper jaw and placing bone graft in order to provide support for the implant. I have been told tha this graft could come from specially-prepared donated bone, or may be taken from my jaw, chin, skull, or hip any of which might be supplemented with specially-prepared donated bone or bone substitute.

_____5. I understand the implant(s) must remain covered by gum tissue for at least six months or longer before it can be used, and that a second surgical procedure is required to uncover the top of the implant(s). No guarantee can be or has been given that the implants will last for a specific time period. It has been explained to me that once the implant(s) is/are inserted, the entire treatment plan must be followed and completed on schedule. If this is not done, the implant(s) may fail.

_____6. I have been informed of possible alternative forms of treatment (if any), including: _____ _____

I understand that other forms of treatment or no treatment at all are choices that I have and the risks of those choices have been presented to me.

_____7. My doctor has explained to me that there are certain inherent and potential risks and side effects in any surgical procedure and in this specific instance such risks include, but are not limited to, the following:

RISK OF IMPLANT SURGERY

____A. Post-operative discomfort and swelling that may require several days of at-home recuperation.
____B. Prolonged or heavy bleeding that may require additional treatment. Because the sinus is involved, some bleeding may be from the nose.
____C. Injury or damage to adjacent teeth or roots of adjacent teeth, possibly requiring further root canal therapy, and occasionally the loss of an injured tooth.
____D. Post-operative infection, including sinus infection, which may require additional treatment. In rare instances an opening may develop between mouth and sinus again requiring additional treatment.
____E. Stretching of the corners of the mouth may cause cracking and bruising.
____F. Restricted mouth opening for several days; sometimes related to swelling and muscle soreness, and sometimes related to stress on the jaw joints (TMJ).
____G. Possible prolonged symptoms of sinusitis requiring certain medications and longer recovery time, resulting from intentional entry into sinus.
____H. Fracture of the jaw.
____I. Possible injury to nerve branches in the bone resulting in numbness, plain or tingling of the lips, cheek, gums, or teeth. If implants are placed in the lower jaw, there may be numbness or pain of the chin or tongue also. These symptoms may persist for several weeks, months, or in rare instances, may be permanent.

GENERAL RISKS OF BONE GRAFTING

____A. Bleeding, swelling, or infection at the donor site requiring further treatment.
____B. Allergic or other adverse reaction to drugs used during or after the procedure.
____C. The need for additional or more extensive procedures in order to obtain sufficient bone for grafting.

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

____A. Damage to adjacent teeth, which may require further root canal procedures, or may cause loss of those teeth.
____B. Removal of adult teeth in order to obtain sufficient bone material.
____C. Numbness or pain in the area of the donor or recipient site, or more extensive areas, which may be temporary or permanent.
____D. Penetration of the sinus or nasal cavity in the upper jaw which could result in infection or other complication requiring additional drug or surgical treatment.

RISK OF FREEZE-DRIED, DEMINERALIZED OR OTHER BANKED BONE

On occasion, additional donated bone is used to supplement the patient's bone or to spare an extensive donor site surgical procedure. Use of such bone may involve separate risks including, but not limited to:

____A. Rejection of the donated graft material together with the entire graft.
____B. The remote chance of disease transmission from processed bone.

_____8. I understand that in my grafting procedure, the use of (autogenous, demineralized, etc.) bone is expected to be taken from (note anatomic area), plus (other area)

_____9. ANESTHESIA
The anesthesia I have chosen for my surgery is:
Local Anesthesia
Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
Local Anesthesia with Oral Premedication
Local Anesthesia with Intravenous Sedation
General Anesthesia

_____10. ANESTHETIC RISKS include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability, and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

_____11. YOUR OBLIGATION IF IV ANESTHESIA IS USED

A. Because anesthetic medications cause prolonged drowsiness, you MUST be accompanied by a responsible adult to drive you home and stay with you until you are recovered sufficiently to care for yourself. This may be up to 24 hours.
B. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
C. You must have a completely empty stomach. IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TODO OTHERWISE MAY BE LIFE THREATENING!
D. However, it is important that you take regular medications (high blood pressure, antibiotics, etc) or any medications provided by this office, using only a small sip of water.

_____12. It has been explained to me that in the course of the procedure unforeseen conditions may be revealed which will necessitate extension of the original procedure of the original procedure entirely. In such an event, I authorize my doctor and his staff to perform such procedures as is necessary and desirable in the exercise of professional judgment to complete my surgery.

_____13. I understand that my doctor is not a seller of the implant device itself and makes no warranty or guarantee regarding success or failure of the implant or its attachments used in the procedure.

_____14. I understand smoking is extremely detrimental to the success of implant surgery. I agree to cease all use of tobacco for 2-3 weeks prior to and after surgery, including the later uncovering procedure, and to make strong efforts to give up smoking entirely.

_____15. It has been explained to me and I understand that a perfect result is not, and cannot be guaranteed or warranted.

CONSENT:

I certify that I speak, read and write English and have read and fully understand this consent for surgery, and that all blanks were filled in prior to my initialing and signing this form and that all my questions were answered to my satisfaction.

Patient's (or Legal Guardian's) Signature Date

Doctors Signature Date

Witness' Signature Date