

I'm being provided with this information and consent form so I may better understand the treatment recommended for me. Before beginning, I wish to be provided with enough information, in a way I can understand, to make a well-informed decision regarding my proposed treatment. I understand that I may ask any question I wish, and that it is better to ask them before treatment has started.

Nature of Implant Restoration

Implant restorations replace missing teeth. They are different from conventional restorations in the sense that they are supported by dental implants instead of natural teeth. The use of dental implants permits the replacement of missing teeth through the use of crown, bridges and dentures that are supported or retained by their attachment to the implant(s). It was recommended to me that I should have the following implant restoration(s).

Crown: _____ Bridge: _____ Fixed or Removable
Denture: _____

Surgical Guide: Provided to the Specialist

Surgical guides are the latest advancement in dental implant technology. A surgical guide is created by taking impressions of the desired surgical implant site as well as 3-D digital imaging taken in the office. Guided surgery assists our doctors by not only allowing our doctors to perform less surgery but also aids in avoiding misplacement of the implant.

Alternatives to Implants Restoration

Depending on the condition of my mouth and my current diagnosis, there may be other treatment alternatives to implant-supported teeth replacement. I understand that possible alternatives to implant supported prosthesis may be:

x Replacement of missing tooth or teeth by a tooth-supported fixed bridge. Natural teeth need to a toothless space are used to support a bridge, which is cemented into place and is non removable. This procedure requires drilling the natural, sometimes healthy, teeth to properly shape them to support the fixed bridge. This may also be accompanied by root canals to the teeth supporting the bridge.

x Replacement of the missing tooth or teeth by a removable partial denture. Partial and complete dentures are prosthesis that are removable. They are removed for cleaning purposes. They might be supported by teeth present in the oral cavity and use metal hooks to hold on such teeth. They are also supported by gums, bone, cheeks, lips and tongue.

x No treatment. I May decide not to replace the missing tooth or teeth. If I decide upon no treatment, my teeth may shift over time, further teeth and gum problems may develop and result in possible tooth loss.

Failure of Implants

Although implants failure is rare, it is usually due to rejection of the implant by the patient due to health, prosthetic, and hygiene reasons. Health reasons can include diabetes, osteoporosis, smoking, bisphosphonate therapy, radiation to the head and neck area among others. Here at EPQD we make sure every patient is assessed properly prior to implant placement and see if they are good candidates for implant therapy. Implants should be maintained properly as any other tooth would be on a patient. They need to be cleaned within specific period that is to be determined by the doctor, just as regular teeth would. In order to minimize the loss of implant due to occlusal trauma and mouth guard is recommended for all patients receiving fixed implant restorations.

This recommendation of treatment was based on visual examination, x-rays, models, photos and other diagnostics tests done prior to treatment presentation, and on my doctor's knowledge of my medical and dental history. My needs and desires of treatment were also taken into consideration. Treatment alternatives, if possible were also presented to me. The prognosis and likelihood of success of this procedure is:

_____.

However, I understand that there is no guarantee, warranty, or assurance given to me that this treatment will be successful on short- and long-term periods. I have been given the opportunity to ask questions regarding the nature of implant restorations and have received answers that are to my satisfactions. I voluntarily assume all the risks associated with implant therapy and restoration; Fees associated with this treatment have been reviewed by the office.

I've been given an opportunity to ask questions regarding fees and any questions have been answered. I also understand that change to my treatment may arise resulting in additional fees. By signing this treatment I'm giving permission to Dr. McLaughlin/Dr. Sosa to perform any treatment necessary and/or advisable to treat my dental condition. This includes prescribing/administrating any medications/anesthetics deemed necessary for my treatment.

Patients Name
(please print)

Doctors Name
(please print)

Date

Witness Name
(please print)