

# Informed Consent for Endosseous Implants

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following document is an outline of the discussion I have had with Dr. Lopez or Zarrinkelk regarding the surgical phase of dental implant treatment. I have discussed the following with my surgeon and all my questions have been answered to my satisfaction.

**Please initial each paragraph;**

My condition is: \_\_\_\_\_

The procedure recommended by Doctors Lopez or Zarrinkelk to treat my condition have been explained to me and I consent to undergo the following: \_\_\_\_\_

Dental implants are metal anchors placed into the jawbones, underneath the gum tissue, to support artificial teeth where natural teeth are missing. When the bone attaches itself to the implant, (Osseointegration) these implants act as tooth root substitutes and form a strong foundation to support the customized, artificial dentition.

**I understand** Dental Implant treatment involves two major stages: surgical placement of the implant(s) followed by the restoration of the implant after osseointegration (bone healing around the implant) has occurred. Each portion of the treatment has its separate expenses, risks and benefits.

**I understand** that in order for the implants to be placed in my jawbone my gum tissue will be opened to expose the bone. Implants will be placed by fitting or threading them into holes made in the bone. The implants will have to be snugly fitted and held tightly in place during the healing phase. I understand that the soft tissue will be sutured closed over or around the implants. A dressing may be applied.

**I understand** that it is necessary to allow for a three to nine month period of healing following placement of dental implants. My surgeon will determine the length of this healing period.

**I understand** that for those types of implants that require a second surgical procedure, the overlying tissue will be opened at the appropriate time, and the stability of the implant will be tested. If the implant appears satisfactorily integrated to the jawbone, then an attachment will be connected to the implant (Healing abutment). The restorative phase to create a prosthetic appliance or crown(s) can begin once the tissue has healed.

**I understand** that no specific estimate can be made regarding the period of the longevity and retention of the implant. It has also been explained to me that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If this schedule is not carried out the implant(s) may fail.

**I understand** that additional maintenance and repair may be expected for the implants. I am responsible for all surgical costs after the first year of treatment. I agree to follow pre- and post-operative instructions.

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**I understand** that dentures and removable prostheses usually cannot be worn during the first few weeks of the healing phase.

**I understand** that the practice of surgery is not an exact science; no guarantees or assurances were made or implied regarding the outcome of treatment or surgery.

**I understand** that there may be normal side effects following surgery including but not limited to swelling, pain, bruising, bleeding, stiffness of the jaw muscles, and nausea.

**I was informed** of all the risks, not limited to the following:

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- Swelling that worsens after 48 hours;
- Infection;
- Pain and discomfort;
- Permanent loss or alteration of nerve sensation resulting in numbness or tingling sensation in the lip, tongue, cheek, chin, gums, teeth and face;
- Sinus infection or complications;
- Temporomandibular joint pain or abnormal function of the jaw;
- Jaw fracture;
- Damage to adjacent teeth, roots, bone or soft tissue structures;
- Bone loss around the implant or adjacent teeth;
- Loss of grafted material including artificial or autogenous bone and soft tissue.
- Implant failure or lack of osseointegration.

**I understand** that I must keep my implants and prosthesis clean by daily meticulous maintenance and cleaning as well as regular checkups and cleanings at my dentist's office.

**I understand** that my surgeon may decide to cancel the implant surgery once it is underway if I need supplemental bone or soft tissue grafts to further prepare the site for implant placement. It may be discovered once the surgery is underway that I am not a candidate for implant treatment.

**I understand** that in certain situations, artificial or autogenous bone graft may be needed during implant placement surgery. I consent to my surgeon to place any type of graft along with resorbable or non-resorbable membranes, as he deems necessary.

**I understand** that if either bone or soft tissue grafts are placed, there is a risk of rejection of the graft. If the graft or membranes are rejected, become infected or exposed following surgery, there may be need for complete or partial removal of the grafted material.

**I understand** that it may become necessary to perform further surgery around the implant site to revise the hard or soft tissue structures. There may be need to place bone or soft tissue grafts either before or after placement of the dental implants.

I have had all my questions answered to my satisfaction. **I consent** to have Dr. Lopez / Zarrinkelk perform the surgery to place the necessary implants, grafts or membrane for my treatment. I authorize and direct my surgeon, with his associates, to do whatever they deem necessary and advisable under the circumstances, including not proceeding with the implant procedure once surgery is underway.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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