

## Consent for Dental Implants

You have the right and the obligation to make decisions regarding your healthcare. Your dentist can provide you with the necessary information and advice, but you must participate in the decision-making process. This form will acknowledge your consent to treatment recommended by Dr. Moulton.

### Initials:

\_\_\_\_\_ I authorize Dr. Moulton to perform the surgical placement of dental implants upon me. This procedure has been recommended to me by my dentist as an option to replace my natural teeth.

\_\_\_\_\_ Depending on the condition of my mouth, bone grafting or guided tissue regeneration also might be necessary to stabilize the implant(s) and help with healing. However, Dr. Moulton has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of the implant.

\_\_\_\_\_ I understand that there will be a separate fee for the uncovering of the implant if it is needed, which may have not been included in the original estimate.

\_\_\_\_\_ I understand that the crown, bridge, or denture that will later be attached to this implant(s) will be made and attached by my general dentist, and that a separate charge will be made by his/her office.

### \_\_\_\_\_ **IMPORTANCE OF PATIENT COMPLIANCE**

- I agree and understand that the degree of success of any dental treatment is directly related to my cooperation and that if I fail to cooperate as requested and instructed, I may suffer temporary or permanent damage to my dental work performed by Dr. Moulton.
- I have been advised that smoking, alcohol, or poor dietary practices may affect tissue healing and may limit the success of the implant(s).
- I understand that it is important to keep all follow up appointments following treatment and report to my general dentist for regular examinations and cleanings to maintain my oral health.
- I agree to report immediately any evidence of pain or inflammation around my implant(s) and agree to attend the office/hospital if necessary. A reasonable fee

will be charged for these visits commencing one year after placement of my implant(s).

- I realize that post-operative home care is critical for the ultimate success of dental implants. I accept responsibility for any adverse consequences which may result from not following my doctor's advice.
- I further understand that the success of dental implants depends to a great extent on my maintenance and meticulous hygiene throughout my mouth; especially around the implant posts. My failure to do what I am supposed to do at home will more than likely contribute to the failure of the implant(s).

\_\_\_\_\_ I understand that implant success is dependent upon a number of variables including individual patient tolerance and health, anatomical variations, my home care of the implant, and habits such as clenching or grinding my teeth.

\_\_\_\_\_ I have further been informed of the foreseeable risks and complications of implant surgery, anesthesia, and related drugs. Such complications include failure of the implant(s), inflammation, swelling, infection, discoloration, numbness (exact extent and duration unknown), bleeding, injury to existing teeth, bone fractures, sinus penetration, delayed healing or allergic reaction to the drugs or medications used. Although most procedures have good results, I acknowledge that no guarantee has been made to me about the results of this procedure or the occurrence of any risks, complications, or side effects. I understand that any of these complications could occur even when all dental procedures are properly performed.

\_\_\_\_\_ It has been explained to me that although implants enjoy an extremely high, long term success rate, they are not 100% successful and there is no method to predict healing capabilities in each patient. I am aware that the practice of dentistry and dental surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post surgical dental procedures.

\_\_\_\_\_ I understand that in the event the implant fails, it will be removed through a second surgical procedure. Provided I have attended for prescribed follow-up appointments and followed the home care instructions given to me following placement of implants, any re-treatment which is considered appropriate by Dr. Moulton due to implant failure within 1 year of placement will be handled as follows:

- There will be no refund of the fees in the event of failure.

- You will not be charged for clinical services to replace the implant(s). However, you will be responsible for payment of the components, laboratory costs, and fees for sedation.
- You will be given an estimate of the anticipated charges before retreatment begins. This estimate does not constitute as a warranty, but rather a statement of services.
- Failure to attend prescribed follow-up appointments or to follow home care instructions following placement of the implant(s) means that you will assume all costs for any retreatment required. You will also assume all costs for any necessary retreatment due to implant failure that occurs beyond the initial one year period.

I further understand that this statement of services applies only to treatment provided by Dr. Moulton, and does not apply should I pursue surgical treatment elsewhere.

\_\_\_\_\_ I have further been informed that if no treatment is elected to replace the missing teeth, the non-treatment risks include, but are not limited to:

- Drifting, tilting and /or extrusion of remaining teeth
- Looseness of teeth, or periodontal disease (gum and bone) which could lead to the loss of tooth or additional teeth if not treated.
- A potential jaw joint problem caused by a deficient, collapsed or otherwise improper bite.
- Additional bone loss in the affected area which could lead to more complications.

\_\_\_\_\_ If an unforeseen condition arises during the course of treatment which calls for the performance of procedures in addition to or different from those previously discussed, and if I am under any sedation, I further authorize Dr. Moulton to do whatever he deems reasonably necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure. I realize that additional fees may be associated with the treatment performed that I will be responsible for.

No discussion or form can be all inclusive, and you are encouraged to ask questions regarding any concerns or needed clarifications to enable you to make an informed decision. Dentistry is not an exact science. Every individual is unique and guarantees of success cannot be made.

I certify that I have read the contents of this form. I understand the potential risks, complications, and side effects involved with any dental treatment or procedure, and I have

decided to proceed with this procedure after considering the possibility of both known and unknown risks. I declare that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient or guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Printed patient's name \_\_\_\_\_

Clinical Staff signature \_\_\_\_\_