

Informed consent with natural teeth splinted to implants

I understand that splinting natural teeth to implants may work for a long term prosthetic to replace my missing teeth, and have chosen to have this done to save both time and money instead of all of the other options that are available for me to include removing those natural teeth and placing implants or having individual teeth separated. I understand that my natural teeth may still decay and fail underneath my splinted prosthetic bridgework, and that this may cause my entire bridgework to fail. I do not blame Dr. Brower for cavities that occur on my natural teeth and understand that cleaning a prosthetic bridge of this type takes more time than individual natural teeth and must be done more thoroughly and more often than I have cleaned my teeth up to this point if I want to have long term success. He has shown me the fit and finish of the final prosthetic and I am satisfied with it. Dr. Brower and his staff have both showed me how to properly clean my teeth and the new prosthetic and I feel comfortable being able to clean them as directed so that I will not have future problems with both the implants and the natural teeth.

If future problems do develop I understand that replacing the implants and prosthetics will cost more money, and most likely more than I have paid Dr. Brower. I understand that if I fail to return to Dr. Brower there may be cement that is missed during the normal removal and that this may cause either/or my natural teeth and implants to fail, and that frequent visitation to evaluate my teeth and implants is the only way to ensure that I have success long term with my case.

I do not hold Dr. Brower liable for any future problems associated with my bridgework or implants and feel comfortable and happy with his treatment. If I do have a problem I will schedule a visit with him immediately to evaluate what can be done. I understand that this follow up care is not included in my treatment costs, and that I will need to pay for xrays and examinations that are needed in the future to determine the long term success of my dental work performed by Dr. Brower.

I understand that visiting another practitioner who does not perform both implants and prosthetics of this type may result in them telling me that they feel the procedure was done incorrectly or improperly and that I may need to have it redone because they do not know how to correct future problems with the implants, natural teeth, and prosthetics. I understand this will cost more money and that it will likely cost more than what Dr. Brower charged me since I chose the less expensive option that would also take less time. I understand the increased risks and concerns with performing the treatment this way and accept them as my own responsibility since Dr. Brower has informed me of all the options available to me.

Signed: _____ Date _____

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