

Dental Implant Surgical Consent Form

I _____, have been informed and understand that one or more dental implants are available to certain dental patients. Patients with current local infections, recent or IV bisphosphonate therapy that impairs healing, vascular impairment, uncontrolled diabetes, chronic high doses of steroids, clotting disorders that effect bone or wound healing would all be reasons for me not to get implant therapy. I have discussed my medical history with Dr. Brower and have explained that I do not have any of the mentioned problems at this time and/or they are being treated so that they would not cause a problem with my implant placement or healing. I have assured Dr. Brower that I understand the risks and benefits of proceeding with my medical history as explained to him and would like to proceed after weighing the risks. I have requested an exam limited to the area of my implant placement at this time due to time, convenience, and cost.

These implants as described to me are small diameter (1.8mm to <3mm and are termed mini dental implants) titanium alloy dental implant screws that are place in a patient's jaw to provide immediate and long-term stabilization of my dental prosthesis. I have also been offered the option of using larger diameter implants (from 3mm to 6mm) as an alternative and understand that it will likely be necessary to open the skin and/or perform bone grafting to get a larger diameter from the correct placement in my jaw if I hope to achieve the best success rate. I understand that an alternative treatment option is no treatment at all or referral to another practitioner for treatment or another opinion regarding the alternatives, options, and risks regarding dental implant procedures.

I have chosen the specific diameter of implant to be placed in my jaw after a thorough discussion regarding the risks and benefits of mini implant vs conventional larger implant diameter placement to be Mini Implants-reduced cost that is needed by me to afford implant therapy at this time, reduced bleeding, placement into narrow ridges, immediate loading of the implant due to placement protocol, decreased postoperative discomfort, easy removal upon failure or fracture for replacement of the same implant or one of larger diameter, and a shorter healing time. Conventional implants-greater cost with possible higher success rate, decreased fracture rate due to larger diameter, greater chance to heal completely if submerged below the skin so the oral bacteria can not invade during healing in some cases. I understand some conventional implants can be used immediately based on manufacturer guidelines and based on the bone quality/medical history of the patient.

Complications of implant placement and postoperatively include infection, nonhealing wounds, closure failure of the skin, abscess formation, fistulas in the tissue and bone, bone loss, soft tissue irregularities, injury to adjacent teeth, implant failure despite successful placement, and fracture of the implant itself which require further treatment. I understand that all of these things are normal consequences and possibilities of implant placement and do not hold Dr. Brower liable for their occurrences or the treatment needed to correct them.

I have also been informed by Dr. Brower that the purpose of this dental implant procedure is to provide support for dental prosthesis' and to enhance function, and I hereby consent to the surgical insertion of long-term dental implants in my jaw by my clinician. I understand that the placement protocol, distance between implants, size of implants, parallelism of the implants placed, and modification of the implants is based upon a specific prescription of the provider and that other practitioners opinion will vary to the contrary based on their experience and training. I understand that based upon the opinion of Dr. Brower I have chosen to have the implants placed and restored following his recommendations, and that alteration of his plan may cause failure. I do not hold Dr. Brower liable for failure should I alter his plan, and understand that other practitioners opinions will vary based on training and experience and have been offered the opportunity to get a second or third opinion prior to proceeding with Dr. Brower's plan. I understand that there are many ways to achieve success or failure with dental implants and that I have chosen Dr. Brower's plan as outlined to me in my treatment plan as the best choice due to my needs, wants, and costs. I understand that I could see another practitioner and have

been encouraged to do so to evaluate their opinion of my needs, wants, and costs prior to beginning treatment with Dr. Brower. I have chosen to proceed with Dr. Brower as witnessed by my signature below.

I understand that an implant may fail at any given time even if placed correctly and used correctly. I understand that my implant will not move in the bone while my adjacent teeth may through use or wear and that over time I can cause my implant to fail through overloading and overuse as it becomes more fully used than when it was placed as a natural part of the cycle of use within my own mouth. I understand that in the event of dental implants implanted by Dr. Brower fail they will be removed through a subsequent surgical procedure. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implant's life cycle, or that one or more may require some type of revision or adjustment of parts or components. In event a fracture were to occur, I give Dr. Brower permission and consent to leave the fractured implant in my jaw or remove it, under appropriate conditions and using his professional judgment. It has also been explained to me that once the implant(s) are inserted or implanted, a recommended dental treatment plan, including a program of personal oral hygiene, must be strictly followed by me and completed on schedule. *Our office requires a 3 month cleaning schedule to maintain optimal oral hygiene of the implant area, which must be followed in order for Dr. Brower to guarantee the implant. Many problems associated with the implant failure can be found and fixed by this timeline of visits and I understand that I may cause my own implants failure through no fault of Dr. Brower if I fail to adhere to this guideline.* Dr. Brower will replace or redo any implant and anything on the implant for free if the 3 month cleanings are maintained indefinitely. I have been informed that if this schedule and plan are not carried out, the implants may fail.

The limited lifetime warranty is limited to Dr. Brower's repair or replacement by Dr. Brower as determined necessary, and know that the value is not greater than the cost paid to Dr. Brower for the treatment completed regarding the implant and the restoration upon it. I understand that retreatment to involve correction of complications is likely a more expensive procedure and that seeing another provider other than Dr. Brower for retreatment can have significant costs that would not be covered by Dr. Brower. By signing this form I understand and agree that Dr. Brower's liability is limited to repair or replacement by Dr. Brower and would not cover any additional costs due to complications or treatment at another provider.

I am aware that the surgical procedure includes the insertion of the dental implants into my jaw. I am also aware that I must return for appropriate post-operative care and evaluation on a timely basis that will include evaluation of oral hygiene and plaque removal as described above on a 3 month basis. I understand that failure is possible and likely should I not return for continued post-operative care or do not follow Dr. Brower's advice. I do not hold him liable or responsible should I not return as requested or follow his treatment guidelines. If I move or continue care with another dentist I understand that their training may be different, and that they may want to start my case over in a manner that they know will be successful for them due to the difference in training. Dr. Brower has received training in both mini implants and conventional implants that allows him to successfully treat patients. Dentists who do not regularly place and restore both types of implants will need to redo the case with the implants they do know how to place and restore successfully. Dr. Brower has explained to me that he can successfully treat my case if I work with him through the prosthetic phase and follow his guidelines. I understand that other dentists may have different training that requires them to redo the work performed by Dr. Brower in a manner that they feel is more successful, and I understand this will be at a higher and additional cost if I choose this alternative treatment. I understand that this cost is mine alone and do not expect Dr. Brower to pay any portion of the cost to have work performed at another provider that I choose. *I understand that for the price I am paying Dr. Brower he is offering to perform this particular implant therapy that he can successfully restore, and that most dentist's do charge more for a successful outcome.*

I also understand that function and comfort will be the primary goals of this dental procedure, but that success rates of each patient vary. With that in mind, no guarantees of success have been given by Dr. Brower or any member of his staff. Dr. Brower has also informed me that use of tobacco, including cigarette smoking, not

fully discussing my medical history and the treatments associated with it, overloading of my implants through the mouth cycling onto my implants more as my natural teeth and crowns wear, as well as excessive alcohol consumption, can cause failure of dental implants. I understand that this is an elective procedure and that no treatment at all has been offered to me as an option. I have not been coerced or tricked into accepting any treatment, and have had time to ask questions specific to mini dental implants and their use, indications, failures, and contraindications as opposed to larger diameter implants which have also been offered to me as an option. I have specifically chosen the implant size based upon my own needs and wants based on the risks, benefits, and costs associated with each type of implant. Dr. Brower has recommended to me that I discuss the treatment offered with someone not present today or that works for Dr. Brower that is a responsible party to help me decide on my best treatment options and to only proceed when I have done so.

I understand that splinting natural teeth to implants may work for a long term prosthetic to replace my missing teeth, and may 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 type of 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. I may get cavities during treatment and long term temporaries may become my final prosthetic which cost the same as final metal or porcelain prosthetics due to problems with my home care, diet, and or medical history. I accept these costs if I am unable to move forward to a different final restoration after six months as the final outcome and understand they are not something that Dr. Brower can plan for or be responsible for as part of my care or treatment plan. I accept these costs as equal to the final plan as something that is possible, may happen, and do not expect Dr. Brower to keep remaking or repairing temporary restorations after six months of use for free.

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 have further been advised that swelling, infection, bleeding and/or pain may be associated with any surgical procedure, including the one recommended to me by Dr. Brower and that said conditions may occur during the life of the implants. I have also been advised that temporary or permanent numbness may occur in my tongue, lip(s), chin, gum, or jaw as a result of this procedure, as well as the possibility of sinus involvement in the upper jaw. Dr. Brower has discussed the possibility of alternative procedures for my individual needs, my need to get another opinion prior to making this important decision, and has continually offered to answer any questions concerning those procedures.

Having been fully informed of the above, I hereby knowingly consent to the recommended surgical procedures outlined to me by Dr. Brower and request him to place one or more long-term implants into either my palate or between my teeth in my upper and lower jaw for the purpose of dental reconstruction and functional

enhancement. I further give Dr. Brower my express permission to photograph the exterior and interior of my mouth and maxillofacial area for the purpose of clinical research, peer review, and education.

I understand I am responsible for consequences resulting from declining treatment or from not following the agreed upon treatment plan. I agree to be responsible to keep scheduled appointments, and to reschedule immediately if I need to change one. I agree I am responsible to be available for treatment upon reasonable notice. I agree to be responsible to assure that my financial obligations for health care received are fulfilled even if I am not satisfied with the outcome if the care I requested was received. I agree that I requested the care if I allowed it to be performed on me since I understand changes from the original plan may occur, and that I may request changes during treatment that better fit my own needs.

I further state that I have carefully read this consent form and understand the contents.

Patient's signature

Date

Witness to Patient's Signature

Date

I, Dr. Brower, certify that I have explained to the above patient the ramifications of the use long-term of dental implants to the best of my professional ability. I further certify that in my opinion, the above patient is fully informed of the risks and possible benefits of the particular surgical procedure agreed to. I have expressly explained the differences between surgical procedures regarding mini dental implants vs conventional implants as well as the different types of restorations and how they vary in design and cleansability with each type of implant and restoration. I have expressly told this patient that a different provider would offer them other options that might provide them better long term success and that they should seek a second and third opinion prior to beginning treatment with me.

Doctor's Signature

Date