CONSENT FOR DENTAL IMPLANTS

1. I Request Dr. McCune to perform the surgical placement of dental implants. This has been recommended to me as an option to replace my missing natural tooth/teeth.
   Dental implants are anchors placed inside the jaw bone underneath the gum line. Small posts called abutments are attached to the implants and artificial teeth, implant crown, bridge or denture are fastened to the abutments.
   The first procedure involves preparing a small site called an osteotomy in the jaw bone to place the implant. An osteotomy is a specific size hole for the respective implant to be placed. Sometimes a temporary partial may be worn during healing. Sometimes the implant is placed below the gum and a second procedure will be needed to uncover the implant. Other times a healing cap is placed that is at or just above the gum line.
   At times bone grafting or guided tissue regeneration may also be necessary for proper healing.

2. I have chosen to undergo this procedure after considering alternative forms of treatment for my condition, no treatment at all, complete or partial dentures, or fixed or removable bridges. Each of these alternative forms of treatment has its own potential benefits, risks, and complications.

3. I consent to the administration of anesthesia or other medications before, during, or after the procedure by qualified personnel. I understand that all anesthetics or sedation medications involve the very rare potential of risks or complications.

4. I understand that there are potential risks, complications and side effects associated with any dental procedure. Although it is impossible to list every potential risk, complication and side effect, I have been informed of some of the possible risks, complications and side effects of dental implant surgery. These could include buy may not be limited to the following:

   - Postoperative discomfort and swelling
   - Bleeding
   - Postoperative infection
   - Injury or damage to adjacent teeth or roots of teeth
   - Injury or damage to nerves in the lower jaw, causing temporary or permanent numbness and tingling of the chin, lips, cheek, gums, or tongue
   - Restricted ability to open the mouth due to swelling and muscle soreness or stress on the joints of the jaw (temperomandibular joint)
   - Fracture of the jaw
   - Bone loss of the jaw
   - Penetration into the sinus cavity and or need to bone graft the sinus (sinus lift)
   - Failure of the implant itself at the time of placement requiring immediate grafting or failure through time
   - Allergic or adverse reaction to any medications

Most of these risks, complications and side effects are not serious and/or do not happen frequently or happen very rarely, they do sometimes occur and cannot be predicted or prevented by the dentist performing the procedure. These potential risks and complications could result in the need to repeat the procedures; removal of the implants; or undergo additional dental, medical or surgical treatment or procedures, hospitalization, or blood transfusions. Very rarely, the potential risks and complications could result in permanent disability or death. I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures. I request and authorize my dentist and other qualified medical personnel to perform such treatment or procedures as required.

5. I certify that I have read or had read to me the contents of this consent form and will follow any patient instructions related to this procedure. I understand the potential risks, complications and side effects involved with any dental treatment or procedure and have decided to proceed with this procedure after considering the possibility of both known and unknown risks, complications, side effects and alternatives to the procedure. I declare that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient Name _____

Patient Signature _____
Parent/Guardian

Date of Consent _____

Witness Signature _____