

CONSENT FOR DENTAL IMPLANTS

1. Consent

Dr. Caouette has carefully examined my mouth and has recommended dental implants to reconstruct my mouth. I have been informed and I understand the purpose and the nature of the implant surgical procedure.

2. Complications

I have been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications include but are not limited to pain, swelling, infection and discoloration. Numbness of the lip, tongue, chin, cheek or teeth may occur. The exact duration may not be determinable and in some cases, may be irreversible. Inflammation of the vein, injury to teeth present, bone fractures, nasal and sinus penetrations, delayed healing and allergic reactions to drugs or medications are all considered potential complications which may also occasionally occur.

3. Alternative treatments

Alternatives to this treatment have been explained to me. Which may have included no treatment, fixed bridgework or removable partial or complete dentures. I have considered the alternative methods, but I desire an implant to help secure the replacement for my missing tooth/teeth.

I understand that if nothing is done, any of the following could occur:

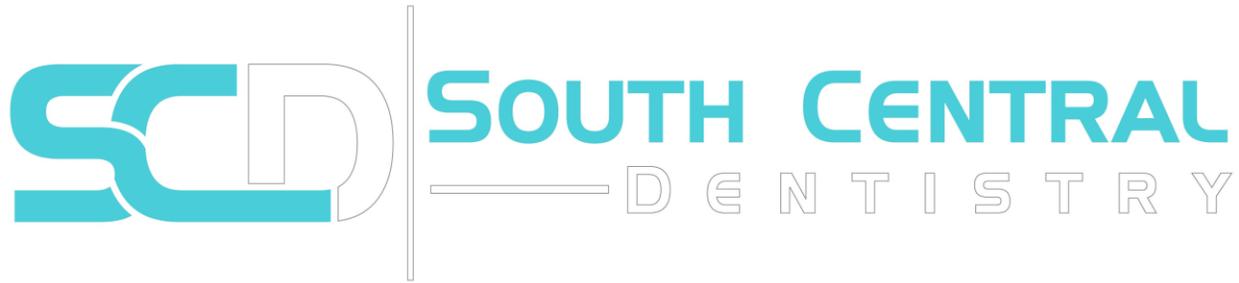
- Bone disease, loss of bone, gum tissue inflammation.
- Infection, sensitivity, jaw problems, headaches, neck and facial muscle pain or fatigue.
- Loose teeth and loss of function.

4. Nature of the procedure

Implants are placed surgically under local anesthetic which may be supplemented by sedative drugs. The initial surgical phase consists of reflection of the gum tissue to expose the underlying bone. This is followed by precision drilling small holes into the jawbone to the carefully selected size of the implants. The implants are inserted and the gum tissue may or may not be replaced and sutured to cover the implants. This is followed by a healing period of 3-12 months.

A bone graft may be required to provide additional support, anchorage and retention for the implant. Bone grafts may include synthetic bone substitute, human or animal bone or a combination of both.

Following the initial healing period, a second surgical procedure is performed to expose the dental implants. If satisfactory, plans and procedures to fabricate an implant supported crown, bridge or denture are begun.



5. No Warranty or guarantee

Dr. Caouette has explained that there is no absolute certain method to predict the gum and bone healing capabilities in each patient following the surgical procedure and placement of the implant.

It has been explained to me that in some instances implants fail and must be removed. Because of the uniqueness of every individual's dental condition and since dentistry is not an exact science, no guarantees or assurances as to the outcome of my results can be made. However, it is anticipated that the implant will be permanently retained.

6. Consent to health history

To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, foods, insect bites, anesthetics, pollens or dust.

I have reported any blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

7. Implant success

Implant success is dependent upon a number of variables including but not limited to, individual patient tolerance, anatomical variations, metabolic diseases, dietary and nutritional habits, smoking, excessive alcohol consumption, clenching of teeth and inadequate oral hygiene.

I agree to follow the pre-and post-operative instructions, medications, diet and physical care as prescribed Dr. Caouette during the healing period.

8. Maintenance

I have been informed that the implants have to be properly maintained on a daily basis. I agree to follow the specific technique and instruction taught to me by the dentist and staff. In addition, I agree to follow a regular dental maintenance schedule including hygiene visits and dental examinations.

APPROVAL AND AUTHORITY TO PROCEED

We approve the treatment as described above, and authorize the team to proceed.

Name		Signature	Date
Dentist			
Patient			
Witness			

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