LUNAR SMILE
DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
226-884-2573 · info@lunarsmiledentistry.ca
lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Implant Surgery

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name

Date of birth (YYYY-MM-DD)

Phone

Implant site(s)

Number of implants

Treating dentist

What the treatment involves

You have the right to understand your proposed treatment before deciding whether to go ahead. By signing, you confirm that you understand the treatment, its known risks, and the alternatives.

Small incisions are made in the gum, and one or more implants (artificial roots) are placed in the jawbone. Once the implants have healed, an abutment (connector) and a crown, bridge or denture are attached to replace the missing teeth. The fees include, at a minimum, the implant, the abutment and the final restoration.

Alternatives such as a bridge, a removable partial or complete denture, a temporary removable tooth, or no treatment have been explained to you. Having considered them, you would like implants to help secure replacement teeth.

Additional procedures

Sometimes extra procedures are needed, such as grafting with bone or a bone substitute, or membranes and the small pins or screws that hold them. The need for these may only become clear once surgery has started. Additional fees apply if they are needed.

Risks of implant surgery

- pain, swelling and bruising, and limited mouth opening for several days;
- bleeding that is prolonged or heavy and needs further treatment;
- infection that needs further treatment;
- damage to nearby teeth or their roots;
- nerve injury causing tingling, numbness or pain in the chin, lips, cheek, gums, tongue or teeth, or a change in taste, which may be temporary or permanent;
- an opening into the sinus that needs further treatment; and
- rarely, a fracture of the jaw.

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Risks to the implant and replacement teeth

- An implant may not bond to the bone, or may later lose bone around it, and need to be removed. Further surgery may then be needed.
- Screws or cement can loosen, and porcelain, metal or acrylic can chip or break. Repairs have additional costs.
- **Fixed teeth:** where bone is lacking, lip and cheek support or appearance may be affected; air can escape under the teeth and affect speech; and food can collect under them, because space is needed to clean around the implants.
- **Removable teeth:** sore spots, trapped food, wear of attachments that then need replacing, and some early difficulty with speech.

Long-term care

Implants can develop gum and bone disease, much like natural teeth, and plaque left in the mouth is a leading cause. Keep your implants, gums and mouth clean every day. High sugar intake, alcohol, smoking and poorly controlled diabetes all increase the risk of the tissues breaking down.

Once an implant is placed, the whole treatment plan needs to be completed on schedule, and you will need regular visits for examination and maintenance. Unexpected long-term changes may require more surgery, changes to the implant, or its removal. You are responsible for the cost of long-term maintenance, including cleanings, replacement attachments, x-rays and examinations.

No one can promise how long an implant will last. Treatment is expected to improve your dental health and comfort, but there is a risk that it fails, relapses or needs further treatment.

Questions I would like to ask my dentist

Your questions

Photos and records (optional)

Photos, x-rays and scans of your mouth are taken as part of your treatment record. With your permission, we may also use them, with nothing that identifies you, for teaching or professional publications. Saying no has no effect on your care.

May we use your de-identified records for teaching?

◯ Yes ◯ No

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Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.
- ☐ I will tell the office about any significant change in my health.

Consent. I consent to implant surgery and the related restorative treatment, including any bone grafting that is needed. If something unexpected is found during treatment, I allow my dentist to do what is reasonably necessary in my best interest, and I understand this will be discussed with me whenever possible. This may include a decision not to complete the implant restoration.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing	Relationship (if not the patient)	Email

Signature	Date (YYYY-MM-DD)
X _____	

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by	Witness	Date