

Consent for Oral and Maxillofacial Surgery

Patient's Name _____

DATE _____

PLEASE READ AND INITIAL EACH PARAGRAPH BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING OR SIGNING THIS FORM.

You have the right to be informed about your condition, and the risks and hazards involved with the recommended treatment plan, so that you may make an educated decision as to whether to undergo the procedure. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

_____ 1. My condition has been explained to me as described as:

_____ 2. The planned procedure to treat this condition is ***Extraction of Tooth #:*** _____
and Surgically Placing a Dental Implant along with placement of a bone graft into my jaw bones and gums in these positions:

_____ 3. I have been informed of possible alternate methods of treatment (if any) including: _____ No Treatment

I understand that these other forms of treatment or no treatment at all are choices. The risks of those choices have been presented to me.

_____ 4. My doctor has explained to me that there are risks and side effects of any surgical procedure. For this procedure, the main risks include:

_____ A. Post-operative discomfort, bruising and swelling needing several days of at-home recovery.

_____ B. Bleeding that is heavy or lasts for a long time that might need more treatment..

_____ C. Injury or damage to teeth or roots of teeth that are near by the place of the implant. This may need root canal treatment of the injured tooth, or even result in tooth loss.

_____ D. An infection after the procedure that might need more treatment or cause loss if the implant.

_____ E. Stretching of the corners of the mouth that might cause cracking and bruising and might heal slowly.

_____ F. It might be hard to open my mouth for several days. This might be from swelling and muscle soreness, or from stress on the jaw joints (TMJ). This could last several weeks or months, or it could be permanent.

_____ G. During the surgery, pieces of bone, synthetic bone, or synthetic membranes may be placed. These pieces of bone or membranes may also become infected or devitalized and require antibiotics and/or more surgical treatment.

_____ H. Allergic reactions (previously unknown) to any medications or materials used in treatment.

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- _____ I. Implants placed in lower jaw might injure the nerve that gives sensitivity to the face. After the surgery, there might be pain or a numb feeling in my chin, lip, cheek, gums, teeth or tongue. It is possible that I might lose my sense of taste. This might last for weeks or months. It can be permanent, but this rarely happens.
- _____ J. Opening into the sinus (a normal bony area above the upper back teeth) that might need additional treatment. If we go into the sinus on purpose to do another procedure (sinus-lift procedure with grafting), I might have several weeks of sinusitis symptoms that will need medicine and more recovery time.
- _____ K. The jaw may break and need more surgical treatment for repair.
- _____ L. Use of other materials bone, (synthetic bone-like materials or membranes) that might have to be removed at a later date.
- _____ M. Bone loss around implants and/or adjacent teeth.
- _____ N. Fracture of the Implant or the restorative parts.
- _____ O. Loss of an implant or implants.
- _____ P. Other: _____
- _____ 5. I understand that cuts (incisions) will be made inside my mouth in the gums to put one or more dental implants into my jaw bone. The implants will be the support for one or more missing tooth replacements to hold a crown, cap, bridge, partial denture, complete denture or plate.
- _____ 6. **The crown, bridge or denture to be attached to this implant(s) will be done by your general dentist, and the general dentist office will bill you separately for this procedure.**
- _____ 7. No one has promised how long the implants will last. I have been told that once the implant is put in, I need to follow through with the whole treatment plan and finish it in the time period that is set by my doctors. If this is not done, the implants may fail.
- _____ 8. **Smoking will cause dental implants to fail.**
- _____ 9. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done
- _____ 10. In discussion with Dr. Martin, the anesthetic I have chosen for my surgery is:
- ☐ Local Anesthesia
 - ☐ Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
 - ☐ Oral Premedication with Local Anesthesia
 - ☐ Intravenous Sedation with Local Anesthesia
 - ☐ General Anesthesia with Local Anesthesia

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- _____ 11. **ANESTHETIC RISKS** include: pain, swelling, bruising, swelling or infection of the vein area where the anesthesia or sedation was given. This could last a long time or make it hard for you to use your arm. This might need special care. There might be numbness that lasts a long time and allergic reactions. You might have nausea and vomiting from the IV Sedation or General Anesthesia, but this doesn't happen often. IV Sedation and General Anesthesia are serious medical procedures. They are safe, but the rare risks of heart irregularities, heart attack, stroke, brain damage or death are present.
- _____ 12. **YOUR OBLIGATIONS FOR IV SEDATION OR GENERAL ANESTHESIA IS:**
- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
 - B. During recovery time you should not drive, operate complicated machinery or devices, or make important decisions.
 - C. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**
 - D. **However**, it is important to take any regular medications (high blood pressure, antibiotics, etc.) or any medications directed by us, **with only a small sip of water.**

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date