

**CONSENT FOR IMPLANT PLACEMENT AND GRAFTING**

You have the right to be informed about your planned surgery so you can make a knowledgeable decision regarding your treatment. It is your right to understand all your treatment options including no treatment. I voluntarily request Dr. Woodmansee and other health care providers to treat my condition which has been explained to me as:

**My planned treatment is: Surgical Implant Placement and possible Bone Grafting # \_\_\_\_\_**

I understand that my doctor may encounter or discover conditions that are different from what has been described. These scenarios may require additional or different procedures than those planned. I authorize my doctor and other health care providers to perform any necessary procedures in their best professional judgement. Such issues or complications may result in loss of time from work or school and may incur additional expenses, including, but not limited to expenses for doctors, other dentists, or medical facilities.

I have chosen Dr. Woodmansee from all options I was offered to perform my dental surgery. I recognize that Dr. Woodmansee is a general dentist that is not employed by my dentist, but is an independent contractor.

In addition to risk associated with not having treatment on my present condition, there are also risks associated with the surgical treatment I have elected. Common risks associated with any surgical procedure include swelling, bruising, pain, bleeding, and infection. In addition to those risks, I also realize the following uncommon but possible risks associated with my particular procedure:

- \_\_\_\_\_ 1. Numbness, pain, or unusual feeling in the teeth, gums, lip, chin and/or tongue (including possible loss of taste). This is due to the proximity of the implant to the nerves (which can be injured or damaged during placement). Usually the numbness or pain is temporary, but in some cases, it may need more treatment or be permanent
- \_\_\_\_\_ 2. An opening may occur from the mouth into the nasal or sinus cavities
- \_\_\_\_\_ 3. Jaw joint (TMJ) soreness, tenderness, pain, or locking which can be temporary or permanent
- \_\_\_\_\_ 4. Bone loss around the implant and or adjacent teeth; I understand that bone grafting may be necessary
- \_\_\_\_\_ 5. Discoloration and appearance changes of the gum tissue are possible which can lead to an unsatisfactory cosmetic result
- \_\_\_\_\_ 6. It is extremely rare that the jaw will break
- \_\_\_\_\_ 7. The graft will be banked bone or bone substitute from either a human cadaver or animal. With banked bone or bone substitute graft, I understand there is a rare chance of disease spread from the processed bone
- \_\_\_\_\_ 8. Implants and/or grafting is not always 100% successful. Anytime a foreign substance is placed in the body there is a risk of failure, loss of implant/ grafts/ membranes, and infection. If the implant does not integrate, I understand that while my doctor will need to remove the implant. We can sometimes replace the implant; but additional procedures are required. I understand that I may have additional fees for a Cone Beam Scan, \$250 for bone grafting or implant materials, and other fees depending on type of treatment needed. Surgery is not an exact science and no refunds, guarantees, or assurances towards the outcome or results can be made
- \_\_\_\_\_ 9. I understand that smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant. I agree to follow my doctors home care instructions. I will need regular maintenance on my implant for continued success. I will need to see a general dentist at least twice a year for that care. I understand that there will be additional maintenance fees (ex: exam, x-rays, cleanings) associated with those visits
- \_\_\_\_\_ 10. Implants are a multiple appointment process. The second surgical procedure usually occurs three-to-eight months after the initial implant placement surgery to uncover the implant. Then during the final prosthetic phase, a metal screw connects the implant to the overlying denture, crown, or bridge. The fee for the prosthetic phase is separate and not part of the surgical fee.
- \_\_\_\_\_ 11. I have been given written and oral post-operative instructions. **I will personally contact Dr. Woodmansee in the event I have an issue.** I agree to follow his instructions until my issue has been satisfactorily resolved

**CONSENT**

I understand that my doctor can't promise that everything will be perfect. I understand the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery and chosen anesthesia. 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. In signing, I believe I have sufficient information to give consent.

\_\_\_\_\_  
**Patient's Name (Please Print)**

\_\_\_\_\_  
**Patient's (or Legal Guardian's) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Doctors Signature**

\_\_\_\_\_  
**Date**