

# Hidden Valley Dentistry

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## Dental Implant Consent Form

Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Tooth # \_\_\_\_\_

I have been fully informed of the nature of dental implants and implant surgery, therapeutic risks, and alternative treatments to dental implants, and I hereby consent to the surgical placement in my jaws (mouth). I agree to maintain these implants as prescribed by my dentist.

### Nature of Procedure

The initial surgical phase consists of the surgical reflection of the gum tissue followed by the precision drilling of holes into the underlying jaw bone which depth and width are somewhat smaller than the roots of your natural teeth. These holes are immediately filled with metal, cylindrical posts (implants), which are designed to remain in the jaw bone indefinitely. In some situations, where inadequate bone is present, a regenerative procedure might be utilized in which a freeze-dried bone graft is placed and the site is then covered with a regenerative membrane. All surgery is performed under local anesthesia. During the first two (2) weeks following the initial surgery, no dentures or partial denture should be worn over the surgical site without consent from the doctor.

The second surgical procedure usually occurs four to six (4-6) months after the initial surgery. At this time, the implant is evaluated for proper healing and a post is placed into the implant, which extends through the gum tissue into your mouth; this is used to aid in fabrication of the implant prosthetic and will be removed during this appointment. Additionally, a minor surgical correction of the gum tissue may be necessary to modify tissue overgrowth or other discrepancy.

In the final prosthetic phase, a metal sleeve is threaded into the previously surgically imbedded implant, which is then attached (anchored) to the overlying denture, crown, or bridge. ***The fee for the prosthetic phase is separate and not included in the implant surgical fee.***

### **Alternatives to Implant Treatment**

- If no treatment is elected to replace existing dentures or missing teeth, the non-treatment risk includes maintenance of the existing full or partial denture with relines or remakes very three to five (3-5) years due to shifting of teeth or the slow but progressive resorption of the supporting jawbone.
- Construction of new full or partial dentures or bridges, which may provide better fit for your current situation.
- Surgical treatment to provide a better base or foundation for a new denture. Associated risk and benefits of alternative surgical procedures may be explained in further detail by consulting an oral surgeon.

### **Risks**

- Surgical risks include, but are not limited to, post-surgical infection; bleeding; swelling; pain; facial discoloration; sinus or nasal perforation during surgery; TMJ (jaw joint) injuries or spasms; bone fractures; slow healing; and numbness of the lip, chin, and tongue (typically transient, but on occasion permanent).
- Prosthetic implant risks include, but are not limited to, unsuccessful union of the dental implant to the jawbone and/or stress metal fractures of the implant. After one (1) year, of stable implant retention, it is probable that the implant is permanently joined to the jawbone. A separate surgical procedure for removal of the implant is necessary if implant failure or fracture occurs, or if replacement is required for changed prosthetic needs. If the implant fails, there may be a fee charged for the removal and/or replacement.

### **No Warranty or Guarantee**

I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed implant will be completely successful in function or appearance (to my complete satisfaction). It is anticipated that the implant will be permanently retained, but because of the uniqueness of every case, and since the practice of dentistry is not an exact science, long-term success cannot be promised.

### **Consent to Unforeseen Surgical Conditions**

During treatment, unknown oral conditions may modify or change the original treatment plan, such as the discovery of changed prognosis for adjacent teeth or insufficient bone support for the implant. I therefore consent to the performance of such additional treatment as may be required by the treating dentist.

**Patient Agreement to Daily Home Care**

In order to improve the chances for success, I have been informed that the implant and adjacent teeth must be maintained daily in a clean and hygienic manner, and I agree to perform the home care in accordance with the instructions provided, as well as keep periodic maintenance visits.

I understand that Dr. James is a general and that he will be responsible for assisting me during the post-operative phase. It is my responsibility to inform Dr. James of any problems that occur following the surgery. I understand how to get in touch with Dr. James. In rare cases, it may be necessary to refer some post-operative patient to another doctor. *The costs associated with any consultation or treatment with other providers will be the patient's responsibility.*

I certify that I have read and fully understand the above authorization and information consent to implant insertion and surgery and that all of my questions, if any, have been answered.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

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