



Patient Information & Consent

Patient Name: _____

Treatment Summary _____

FEES:

Work-Up

Surgical

Restorative

This form contains important information about your implant treatment. Please read it thoroughly and raise any questions you may have with your dentist.

DIAGNOSTIC PROCEDURES & TREATMENT PLANNING

Implant treatment is often preceded by diagnostic procedures such as X-rays, photographs and study models in order to determine the most efficacious treatment plan for improved function and aesthetics.

In cases where the long term prognosis of teeth adjacent to or opposing the tooth/teeth being replaced is not favorable, there are significant advantages in the EARLY CONSIDERATION of alternative treatment for these teeth, such as extractions and replacement with further implants or extending the implant bridge, in order to minimise the negative effects on the complexity and success of any future treatment as a result of bone loss from any associated pathology or further deterioration.

Other cases that show a collapsed bite or dysfunction may require orthodontic treatment or the extraction of otherwise healthy teeth in order to facilitate appropriate rehabilitation of the bite &/or optimal aesthetics.

DENTAL IMPLANT SURGERY

Dental implant surgery refers to the Insertion of Implants fixtures into your jawbone:

When individual or several teeth are being replaced, this procedure typically involves two stages that are approximately 3-6 months apart. Each stage may require multiple visits. Single stage "immediate teeth" may be placed in selected cases; however such immediate teeth are of a temporary nature and need to be changed to the final restoration once healing is complete. In cases of full set replacement, "immediate teeth" is today considered the preferred approach, unless bone grafting is required, however depending on findings at surgery immediacy cannot be guaranteed.

When a tooth or several teeth need to be removed, it is often advantageous to place implant/s immediately following the extraction/s. In certain cases the placement of the implant/s may require a separate visit.

SURGEONS DISCRETION: Your treatment plan will remain fluid and the extent, progress or staging of your treatment will always depend on prevailing circumstances at surgery and the various other stages. During surgery your surgeon will exercise discretion that is in your best interests to ensure the most optimal outcome under any such circumstances. Where additional procedures are performed, additional fees will apply. In cases where the insertion of the prosthetic teeth at the same time as the surgical appointment is planned, this nevertheless cannot be guaranteed as it depends on various factors including the quality of bone.

RISKS: The surgical procedure itself carries inherent surgical risks, especially when operating in proximity to vital structures. In the upper jaw, implants are often placed in poorer quality bone and in close proximity to the sinuses or the orbit. Possible complications include bony fracture, inadequate implant stability, intrusion into the sinus or perforation of the sinus membrane, an open communication between the oral cavity and nose/sinuses, nerve damage with altered sensation, infection, sinusitis and may require additional immediate or future procedures at additional costs. In the lower jaw, implants are often placed in proximity to nerves that give sensation to the lip, chin, and tongue. Surgical intrusion or post-operative swelling/haematoma may impinge upon or damage these nerves and may cause altered or loss of sensation to the lip, chin and/or part of the tongue. Such complications are rare and, should they occur, are most likely to be temporary, but there is a slight chance they can also be permanent. There is also always a risk of overall failure.

Swelling is normal after your surgery, and can be associated with discomfort or pain. These are often managed with anti-inflammatory and pain medication, and are usually transient. In rare cases, pain or other symptoms may continue beyond the post-operative healing phase. This may be associated with complications of surgery, neuralgia, triggering of dormant pre-existing conditions, jaw joint dysfunction, grinding or clenching of the teeth, occlusal (bite) imbalance, compression or tension in the fit of the prosthesis, psychosomatic disturbances or other causes. Treatment for such complications varies from minor occlusal adjustments or splint therapy to the necessary referral to other specialists, treatment at a suitable pain management clinic or additional surgery.

Certain cases may be suitable to utilising CAD technology for computer-assisted planning and keyhole guided surgery. All the general surgical risks and possible complications described, whilst somewhat reduced, are present nevertheless and should always be regarded as relevant.

The implants themselves are regarded as being permanent once successfully integrated and in favourable conditions such as appropriate use, care and maintenance. The replacement teeth that the implants support, however, have a shorter life expectancy and may need to be replaced within the lifespan of the implant fixtures.

Occasionally implants fail. An implant is considered to have failed when it does not solidly bond (or integrate) with the bone, or becomes detached from the bone. Patients may not be aware of a failed implant and it is therefore crucial to have your implants monitored by your dentist with regular 6 monthly check ups. A failed implant needs to be removed and replaced. In cases where there is an inadequate volume of bone to replace the implant, additional procedures, such as bone grafting, may be required, as well as the modification or remaking of the prosthetic tooth/teeth to suit the new implant.

IMPLANT-SUPPORTED REPLACEMENT TEETH

The restoration that attaches to the implant/s to replace lost or missing tooth or teeth:

Fixed (non-removable) Implant-supported Replacement Teeth

This modality of treatment does not provide for removal of the replacement teeth by the patient. The “teeth” are permanently fixed to the implants and can only be removed by a dentist. However some replacement teeth are permanent and non-removable altogether. Oral hygiene practices require more skill (dexterity) and diligence. The “teeth” may be acrylic or porcelain. Porcelain teeth may be individual or bridged and their estimated life expectancy is much greater than acrylic teeth. Future maintenance treatment may include repair, relining or re-fabrication and may attract additional costs. Maintenance or repair of bridged prostheses (porcelain or acrylic) may require the removal of the entire prosthesis. Estimated life expectancy for acrylic teeth is approximately 3-5 years, after which time the acrylic teeth may begin to show signs of increased wear and aesthetic deterioration. The estimated life expectancy for porcelain or zirconia teeth is approximately 10-15 years. Porcelain teeth are standard in single or several teeth replacement and high impact acrylic is standard in full arch replacement. Acrylic teeth may be upgraded to zirconia or porcelain teeth once the implants are integrated.

Immediate Teeth

Where the replacement teeth are inserted at the same time as the implant surgery, **the diet should be amended to softer non-challenging foods for 12 weeks** (dietary supplements may be required). It should also be noted that following implant treatment the function is improved with resultant improvements in muscle tone. Immediate replacement teeth are constructed from very strong high-impact acrylic and in certain case, such as in heavy grinders, the improved muscle tone may be too excessive for that material, and where the forces are beyond the tolerance of the acrylic material a breakage may occur. For this reason, whilst appearing like the permanent teeth, the immediate replacement teeth should be regarded as Long Term Provisional teeth (approx. 1-8 Years) and may need to be upgraded at an additional cost to a stronger version with a titanium or zirconia substructure.

Non-immediate Teeth

Where the replacement teeth are not inserted at the same appointment, then the treatment would generally revert to the standard protocol of delayed implant loading and insertion of the replacement teeth some 3-4 months after the surgery. In these circumstances your existing denture may be adjusted to fit over the implants or alternatively, a new temporary removable denture will be provided (at an additional cost). During the period of osseointegration (initial 3-4 months) **denture wear must be MINIMISED** and the diet should be amended to softer non-challenging foods.

Removable Implant-supported Dentures

Such replacement teeth are generally fabricated in acrylic and, in some cases with a Cobalt-Chrome or a Gold-alloy baseplate. Whilst the implants provide significant improvement to the retention and stability of the removable prostheses some sensation of “movement” during function is normal. Future maintenance treatment may include repair, relining or re-fabrication and attracts additional costs. The life expectancy is approximately 3-5 years, after which time the acrylic teeth may begin to show signs of increased wear and aesthetic deterioration.

BONE GRAFTING

This procedure is often performed in conjunction with or in preparation for dental implants. In most cases a mixture of “Bio-Oss” (bovine bone) with some locally harvested particulate autogenous (your own) bone can be used to improve the volume of bone. Where there is insufficient local bone present the autogenous graft may require surgical harvesting from a distant site in the mouth. This procedure has additional and compounding surgical risks. The risks include swelling, discomfort, pain, numbness or altered sensation at the harvest site distant to where the implants were placed. Bone grafting often delays the timeframe for the second implant stage to 9-18 months.

ZYGOMA IMPLANTS

This procedure is reserved for severely atrophic upper jaws and involves longer implants that transverse the sinus space and are inserted into the cheekbones to support the implant bridge. In the past this method was associated with certain limitations with respect to accessibility, as well as aesthetics and comfort. New techniques are designed to facilitate more accurate implant positioning aimed for improved comfort and hygiene by often combining this treatment with sinus surgery to improve the restorative space, as well as some form of bone grafting (see previous section) to create a buffer between the sinus space and the oral cavity. The primary risks include sinusitis or infection of the sinus space, an open communication between the mouth and the sinus space or nose, and excessive swelling, which may require antibiotics, additional surgery and or referral to an Ear Nose and Throat specialist.

GUIDED TISSUE REGENERATION (GTR)

GTR is a procedure often used in conjunction with bone grafting, involving locally isolating bone from the overlying gums by using a special membrane barrier. It works by avoiding soft tissue migration or compression and creating a "space" into which bone can "grow". A numerous types of barrier-membranes are available. In most cases, the membrane is dissolvable. Where a non-dissolvable or titanium-reinforced membrane is used the membrane will require removal after about 4-6 months. Placement of a membrane increases the risks for infection and a strict adherence to the prescribed Oral Hygiene and medication protocols is required.

MAINTENANCE

In all implant cases impeccable oral hygiene practices are required and special care as directed by the dentist. Although successful and functional dental implants help preserve jaw and facial bones, gum recession and bone loss (atrophy) may still occur at a gradual and an unpredictable rate and may lead to changes in the appearance of the treated teeth, gums, or face. Future maintenance treatment may include tissue-augmentation procedures and attract additional costs. Other possible complications may lead to the removal of one or more implant fixtures and may require placement of additional fixtures and/or re-making of the supported teeth/prostheses at an additional cost.

SMOKING

The risks for failure and other complications are significantly higher in SMOKERS and such patients are strongly encouraged to quit. Continuing to smoke may affect the warranty (if any) of the implant hardware components. It should also be noted that smoking has been linked to oral pathology including aggressive cancer. Patients who are not prepared to quit altogether, will be required to avoid any smoking during the early healing period of 3-6 weeks in standard implant cases, and for up to 6 months in bone grafting cases.

LIFE EXPECTANCY

Please note that period noted as life expectancy throughout this form is estimated for permanent & finished replacement teeth assuming appropriate use, impeccable oral hygiene practices, regular 6 monthly dental visits, compliance with dental and medical advice, regular maintenance treatment as required, successful related previous or adjunctive treatments, non-smokers, the absence of psychological disturbances and the absence of abnormal oral function. The life expectancy is reduced in the absence of any of the above factors.

SEDATION & GENERAL ANAESTHETIC (GA) PROCEDURES:

In cases that are indicated for IV Sedation or GA, the anaesthetic will be administered by a specialist anaesthetist. The fees for the anaesthetist are additional and may be partly claimed through Medicare. Anaesthetic complications are rare but may include allergic reactions, ischemia (damage resulting from insufficient oxygen to organs), deep vein thrombosis (clotting of the blood), embolism (passage of a blood clot through one's blood to a distant site), paralysis, stroke, or death. **FOOD, DRINKS & ORAL MEDICINES must be avoided at least 6 hours prior to the procedure, or as otherwise directed. Smokers may have delayed recovery or an increased predisposition to complications. Avoidance of smoking and improving the general health with light to moderate exercise (eg. walking) in the weeks leading up to the procedure helps improve recovery.**

FEES & REBATES

A deposit is often required to secure arrangements and commence the diagnostic work-up. The full balance is payable on the day of treatment. Any discounts are non-cumulative and replace any other offers/discounts or are excluded by them. Any adjunctive or additional procedures are subject to full payment on the day of treatment.

Health fund rebates cannot be guaranteed by the clinic. Patients should confirm any rebates directly with their funds. Patients are advised to keep all invoices and receipts. Medicare rebates for the anaesthetic procedure (where relevant) vary depending on whether the patient had reached the Medicare Safety Net, in the case of which a significant rebate may be expected.

PLEASE NOTE THAT WE OPERATE WITHIN THE CONFINES OF ANATOMICAL, BIOLOGICAL AND PHYSICAL LIMITATIONS, WHICH ARE DIFFERENT FROM PERSON TO PERSON, THUS REGARDLESS OF OUR BEST EFFORTS, WE CAN NEVER BE COMPLETELY SURE ABOUT THE HEALING, DURABILITY OR OVERALL SUCCESS. RESULTS AND EXPERIENCES DO VARY FROM PATIENT TO PATIENT.

ACKNOWLEDGEMENT & CONSENT

1. I certify that I have been fully informed by my dentist and have carefully read all the information provided on this form and that the proposed treatment and the alternatives have been explained to me by my doctor to my satisfaction. I understand the purpose and the nature of the implant(s) surgery procedure. I understand what is necessary to accomplish the placement of the implant(s) under the gum or in the bone. I understand the implications and consent to the proposed treatment. I agree to the fees and accept the general and special conditions.
2. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant(s) to help secure the replaced missing teeth.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. I understand that such complications include pain, swelling, infection, discoloration, and acute or chronic pain or dysfunction associated with my jaw joint/s or muscles. Numbness of the lip, tongue, chin, cheek, or teeth may occur. The exact duration of these complications may not be determinable and I am aware that there is a slight chance they may become permanent and irreversible. Also possible are inflammation of a vein, injury to existing or surrounding teeth, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used.
4. I understand that if I do not proceed with the proposed treatment, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth, necessity of extraction. Also possible is temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.
5. My doctor has explained that there is no method to accurately predict gum and bone healing capabilities in each individual following the placement of the implant(s) or bone grafting.
6. It has been explained that in some instances implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome of results of treatment or surgery can be made.
7. I understand that excessive smoking, alcohol, or sugar may affect gum healing and may limit the success of the implant(s).
8. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.
9. I agree to the type of anesthesia, depending on the choice of the doctor. I understand that I must not operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the anesthesia or drugs administered for my care.
10. 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, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
11. I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.
12. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials, or care, if it is felt this is in my best interest. I understand that regardless of what had been explained to me or my expectations, results and experiences vary from patient to patient.

Signature of PATIENT or Legal Guardian

Date

Name

Relationship to Patient

Signature of DOCTOR
