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PATIENT NAME _____

CONSENT

I have been fully informed of the nature of implants and implant surgery, therapeutic risks, and treatment alternatives to dental implants and hereby consent to their surgical placement in my jaws (mouth). I agree to maintain the dental implants in a clean and hygienic manner by daily home care and periodic maintenance visits as Dr. Lynn may prescribe.

OSSEOINTRGATED TITANIUM IMPLANT HISTORY

In 1985 the American Dental Association (ADA) first granted provisional acceptance of the osseointegrated (implant joined to bone) titanium implants that you will be receiving. This system is the Branemark System, developed in Sweden and is the only implant system so far that has been approved by the ADA. ADA acceptance requires at least a 75% success rate over a three-year period. Longer term successes have been reported for this system in the dental literature but these successes are dependent upon a number of variables including but not limited to operator experience, individual patient tolerance, anatomical variations, and patient home care of the implant. Since large numbers of implants performed by a great variety of dentists have only occurred recently in the United States, not all of the risks and complications can be accurately predicted, known or understood.

NATURE OF PROCEDURE

Initial surgical phase consists of the surgical reflection of the gum tissue followed by precision drilling of holes into the underlying jaw bone whose depth and width are somewhat smaller than the roots of replaced teeth. These holes are immediately filled with metal cylindrical posts (implants) which are designed to remain in the jaw bone for an indefinite (but hopefully long) time period. All surgery is performed under local anesthesia supplemented with sedative drugs or general anesthetic (if requested by the patient or deemed necessary).

During the healing phase no dentures or partial dentures should be worn over the surgical sites during the first two weeks following surgery and in particular while the sutures (stitches) remain in place.

The prosthetic phase begins 2-3 weeks after surgery with a soft plastic denture reline followed thereafter by a more permanent (durable) plastic reline several weeks later.

The second surgical procedure usually occurs 3-8 months after initial surgery to provide proper exposure (uncovering) the mouth of the dental implants. Additionally, minor surgical correction of tissue may later be necessary to modify any tissue overgrowths or discrepancies.

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.

ALTERNATIVE TREATMENTS TO IMPLANTS

- 1. If no treatment is elected to replace existing dentures the non-treatment risk includes maintenance of the existing full or partial denture with relines or remakes every 3-5 years or as otherwise may be necessary due to the slow but progressive resorption (dissolution) of the underlying (supporting) jaw bone.
- 2. Constructions of new full or partial dentures or bridges by your present dentist or prosthodontist, which may provide better fit and function than your present situation.
- 3. 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 greater detail by a consulting (referred) oral surgeon including the following procedures:
 - a) Surgical lowering or muscle attachments and possible skin grafts to increase the denture-bearing area of the remaining bony ridge and gum.
 - b) Increasing the height of the bony ridge support of a denture by transplanting (grafting) hipbone to the existing ridge.
 - c) Other types of surgical modifications to the existing bony ridges.

RISKS

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

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). If 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 no 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 discovery of changed prognosis for adjacent teeth or insufficient bone support for the implant. I therefore consent to the performance of such additional or alternative procedures as may be required by proper dental care in the best judgment of the treating doctor.

PATIENT AGREEMENT TO DAILY HOME CARE

In order to improve 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 instructions provided as well as keep periodic professional maintenance visits with my dentist or treatment doctor, as each may judge necessary.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AUTHORIZATION AND INFORMED CONSENT TO IMPLANT INSERTION AND SURGERY. AND THAT ALL OF MY QUESTIONS, IF ANY, HAVE BEEN ANSWERED.

Date: _____

Patient Signature: _____

Witness Signature: _____