

IMPLANT SURGERY AND ANAESTHESIA CONSENT FORM

Instructions to Patient: Please take this document home and read it carefully. Note any questions you might have in the area provided in Paragraph 15. Bring this back to our office at your next appointment and Dr. Shenai will review it with you before signing on page 4.

1) My doctor has explained the various types of implants used in dentistry and I have been informed of the alternatives to implant surgery for replacement of my missing teeth. I have also been informed of the foreseeable risks of those alternatives. I understand what procedures are necessary to accomplish the placement of endosteal implant (s) as recommended by my dentist. I also understand that endosteal implants (more commonly known as root form) generally have the most predictable prognosis. I promise to, and accept responsibility for failing to, return to this office for examinations and any recommended treatment, at least every 6 months. My failure to do so, for whatever reason, can jeopardize the clinical success of the implant system. Accordingly, I agree to release and hold Dr. Shenai harmless if my implants (s) fail as a result of my not maintaining an ongoing examination and preventive maintenance routine as stated above.

2) I have further been informed that if no treatment is elected to replace the missing teeth or existing dentures, the non-treatment risks include, but are not limited to:

(a) maintenance of the existing full or partial denture (s) with relines or remakes every three to five years, or as otherwise may be necessary due to slow, but likely, progressive dissolution of the underlying denture-supporting jawbone;

(b) any present discomfort or chewing inefficiency with the existing partial or full denture may persist or worsen in time;

(c) drifting, tilting and/or extrusion of remaining teeth;

(d) looseness of teeth, periodontal disease (gum and bone), possibly followed by extraction (s);

(e) a potential joint problem (TMJ) caused by a deficient, collapsed or otherwise improper bite.

3) I am aware that the practice of dentistry and dental surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post-surgical dental procedures. I am further aware that there is a risk that the implant placement may fail, which might require further corrective surgery associated with the removal. Such a failure and remedial procedures could also involve additional fees being assessed.

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4) I understand that implant success is dependent upon a number of variables including, but not limited to: operator experience, individual patient tolerance and health, anatomical variations, my home care of the implant, and habits such as grinding my teeth. I also understand that implants are available in a variety of designs and materials and the choice of implant is determined in the professional judgment of my dentist.

5) I have further been informed of the foreseeable risks and complications if implant surgery, anaesthesia and related drugs including, but not limited to: failure of the implant (s), inflammation, swelling, infection, discoloration, numbness (exact extent and duration unknown), inflammation of blood vessels, injury to existing teeth, bone fractures, sinus penetration, delayed healing or allergic reaction to the drugs or medications used. No one has made any promises or given me any guarantees about the outcome of this treatment or these procedures. I understand that these complications can occur even if all dental procedures are done properly.

6) I have been advised that smoking, alcohol or sugar consumption may effect tissue healing and may limit the success of the implant. Because there is no way to accurately predict the gum and the bone healing capabilities of each patient, I know I must follow my dentist's home care instructions and report to Dr. Shenai for regular examinations as instructed. I further understand that excellent home care, including brushing, flossing, and the use of any other device recommended by my dentist, is critical to the success of my treatment and my failure to do what I am supposed to do at home will be, at a minimum, a partial cause of implant failure, should that occur. I understand that the more I smoke, the more likely it is that my implant treatment will fail, and I understand and accept that risk.

7) I have also been advised that there is a risk that the implant may break, which may require additional procedures to repair or replace the broken implant.

8) I authorize Dr. Shenai to perform dental services for me, including implants and other related surgery such as bone augmentation. Dr. Shenai has also discussed the various kinds and types of bone augmentation material, and I have authorized him to select the material which he believes to be the best choice for my implant treatment.

9) If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated, I further authorize and direct Dr. Shenai, his associates and/or assistants of his choice, to do whatever he/she/they deem necessary and advisable under the circumstances, including the decision not to proceed with the implant procedures (s).

10) I approve any reasonable modifications in design, materials, or surgical procedures, if Dr. Shenai, in his professional judgment, decides it is in my interest to do so.

_____ Initial

11) To my knowledge, I have given an accurate report of my health history. I have also reported any past allergic or other reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my physical or mental health or any problems experienced with any prior medical, dental or other health care treatment on my medical history questionnaire. I authorize Dr. Shenai to make photos, slides, x-rays or any other visual aids of my treatment to be used for the advancement of implant dentistry in any manner he deems appropriate. However, no photographs or other records which identify me will be used without my express written consent.

12) I realize and understand that the purpose of this document is to evidence the fact that I am knowingly consenting to the implant procedures recommended by my dentist.

13) I agree that if I do not follow my dentist's recommendations and advice for post-operative care, my dentist may terminate the dentist-patient relationship, requiring me to seek treatment from another dentist. I realize that post-operative care and maintenance treatment is critical for the ultimate success of dental implants. I accept responsibility for any adverse consequences that result from not following my dentist's advice.

14) Questions to ask Dr. Shenai

15) I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THAT THE ABOVE AUTHORIZATION AND INFORMED CONSENT TO IMPLANT PLACEMENT AND SURGERY AND THAT ALL MY QUESTIONS, IF ANY, HAVE BEEN FULLY ANSWERED. I HAVE HAD THE OPPORTUNITY TO TAKE THIS FORM HOME AND REVIEW IT BEFORE SIGNING IT. I UNDERSTAND AND AGREE THAT MY INITIAL ON EACH PAGE ALONG WITH MY SIGNATURE BELOW WILL BE CONSIDERED CONCLUSIVE PROOF THAT I HAVE READ AND UNDERSTAND EVERYTHING CONTAINED IN THIS DOCUMENT AND I HAVE GIVEN MY CONSENT TO

PROCEED WITH IMPLANT TREATMENT AND RELATED SURGERY, INCLUDING ANY ANCILLARY BONE GRAFTING PROCEDURES.

Patients name:

Signature of patient, legal Guardian, or authorized representative

Date

Dentist name:

Signature of Dentist

Date