



**KNOX  
MOUNTAIN  
DENTISTRY**



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## Implant Consent Form

### About the proposed treatment:

Surgical implant placement involves making a small hole into your jaw, then threading the implant into place in the same manner as a common screw may be inserted into wood. The implants are allowed to settle or “integrate” to the bone for several months. After integration, the implants may be placed into service anchoring crowns, bridges, or dentures.

### Benefits and alternatives:

Dental implants can restore single or several missing teeth to help prevent drifting, decay, gum disease, and premature loss of remaining teeth. Multiple implants can be used to replace removable dentures, or they can be used in a more limited pattern to stabilize and retain removable dentures where there is inadequate bony ridge to allow your dentures to stay in place by themselves. Alternatives to implants may include traditional bridgework or conventional dentures, as appropriate to your situation.

### Common risks:

- As in all surgical procedures, implant placement may not be perfectly safe.
- Following treatment, you may experience bleeding, pain, swelling and discomfort for several days, which may be treated with pain medication or other methods.
- Holding your mouth open during treatment may leave you feeling stiff or sore, your lips red or cracked, and may cause difficulty for you opening your mouth wide for several days.
- You will receive a local anesthetic and/or other medications which carry risks, side effects, and possible drug interactions.
- Because treatment may involve contact with bacteria and non-sterile tissue in your mouth, you may also experience an infection, which may require further treatment including antibiotic therapy.
- Because everybody has different bone density, there may be inadequate bone to hold the implants, or alternatively, bone may be too dense to allow their safe insertion.
- If bone is inadequate to support implants, we may need to either harvest additional bone from other areas of your mouth, or add bone from another source, including medical grade bone and collagen from an animal or human cadaver.
- Upper implants may extend close to the sinuses, and it is not possible to know exactly where the sinuses are located. Placing implants into this area may lead to sinus complications that may require further treatment, or may cause the implants to fail requiring their removal.
- Implant placement can result in damage to the nerves that run through your jaw, causing itching, tingling, burning, or the loss of all sensation. These changes could last from several weeks to several months or in some cases, indefinitely.
- Implant placement may cause a fracture in the surrounding bone, causing the surgical procedure to become more complex.
- The instruments used in placing an implant may unavoidably chip or damage adjacent teeth or dental restorations.
- Implants, once securely placed, may loosen over time, and require surgical removal.
- Every effort is made to evaluate your situation for known risk factors that may cause complications, however, the healing process varies for everyone, and no guarantees can be made as to results.
- Unexpected additional treatment may become necessary due to complications of surgery. If unexpected difficulties occur during treatment, you may be referred to an oral surgeon, who is a specialist in dental surgery.
- In all events, unforeseen complications may increase the cost of proposed treatment, or may cause additional costs involved in treating complications, including costs involved in removing implants should that become necessary.

**Alternative Treatments:**

Depending on your diagnosis, alternatives to implant placement may exist which involve other disciplines in dentistry.

**Alternatives discussed:**

1. Conventional bridgework
2. Tissue-borne or tooth-borne removable dentures
3. No treatment

**Consequences of not performing treatment:**

If you receive no treatment or ongoing treatment is interrupted or discontinued, your oral health may deteriorate due to failure to achieve the goals of your recommended dental implant placement.

I understand that Dr. Sanders and the team make every reasonable effort to ensure that the surgery is completed successfully, although it is not possible to guarantee perfect results. I further understand that I am free to withdraw from treatment at any time.

I also give permission for photography, filming, recording and x-rays of the procedure to be performed for the purposes of marketing, teaching and research, provided my identity is not revealed.

I certify that I have had an opportunity to read and fully understand the terms and words within this consent and the explanations made. I acknowledge that Dr. Sanders or a team member has answered all of my questions related to this procedure to my satisfaction. I understand this consent form and I request Dr. Sanders to perform the discussed surgery

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**Patient's First and Last Name**

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

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

