



Consent From - All-on-X Implant's surgery

Patient's name:

Patient's file:

Treatment description: All-on-X :

Number of Implants: _____ Area: _____

You have received the information about your proposed implant placement so that you are able to make an informed decision about your dental treatment. What you are being asked to sign is your acknowledgement that you understand the nature of the proposed treatment, the known risks associated with it and the possible alternative treatments. Knowing this, you are electing to have your remaining teeth/and or existing implants removed (extracted), and proceed with the Full Arch Implant Surgery for your upper jaw, lower jaw, or both.

My Doctor has examined my mouth and made treatment recommendations for replacing my missing teeth. Alternative forms of treatment and their associated risks and benefits have been explained to me including doing nothing. Thus far, I have had all questions answered to my satisfaction. I have been advised that I may seek additional care to preserve and maintain any teeth that are currently in my mouth. I understand that these additional treatments may include periodontal (gum disease care), endodontic (root canals), orthodontic (braces), and/or general dental care.

Extractions

Having been advised of these options, and knowing the alternative forms of treatment to preserve my teeth, I have elected to have any remaining teeth extracted for the Implant Supported Hybrid Fixed Bridge procedures. I have had sufficient time to consider these alternative forms

of treatment or have tried them and have chosen to consent to the Implant Supported Hybrid Fixed Bridge procedures for my upper jaw and/or Implant Supported Hybrid Fixed Bridge on the lower jaw, or both. I understand that this is a surgical procedure and have been informed about what is necessary to accomplish the placement of the implants and attaching the bridge(s). I understand that no guarantees can be or have been made to me about the success of this surgical procedure. I agree to cooperate with my Doctor's recommendations and advice prior to and following this procedure knowing that not doing so may result in the failure of my implants and/or bridge.

Possible Complications

I have been informed of the possible risks and complications involved with this procedure including the anesthesia and medications used. Such complications include pain, swelling, postoperative infection, sinus infection and discoloration. Numbness of the lips, chin, tongue or cheek may occur. The exact duration of these risks may not be determinable and in rare cases may be painful and/or irreversible.

Also possible are vein inflammation, bone fractures, penetration of the sinus (upper jaw area), delayed healing, and allergic reactions. Surgery may also result in bone or tooth fragments being left in my jaw, fracture of the jaw bone, or penetration of the sinus(upper jaw area). Any of these conditions may require corrective treatment, surgery or possible loss of my implant(s).

Surgery may cause or result in restricted mouth opening for several days, sometimes related to muscle soreness, and sometimes related to stress on the jaws. I have also been advised that the implant is a foreign body and may be rejected or poorly tolerated by my bone or surrounding tissues. If this should occur the implant may need to be removed. In the event of failure, I have been advised that tissue and/or bone grafting may be necessary to complete my treatment. I also have been advised and have considered that in the event of failure of my implants the treatment option is dentures.

Healing

My Doctor has explained to me that there is no certain method of predicting my bone or tissue healing capabilities following the placement of the implants and prosthesis. I agree to follow my Doctor's post-operative instructions and to immediately notify him/her of any problems that may develop. I understand that, in rare cases, my implants may not accept immediate placement of my bridge. In such a case, I understand that I will be provided with a denture until healing.

Smoking and other risk factors.

I understand that the use of any tobacco products or excessive alcohol consumption, may affect gum healing and reduce the success rate of the procedure. Therefore, I agree not to use these products and to follow the instructions of my doctor.

I also understand that certain medical conditions may contribute to the failure of my implants. ***I have provided a complete medical and dental history to my Doctor.*** I will also advise my Doctor of any changes in my medical and dental conditions prior to my surgery. I agree to see my doctor for all recommended follow up visits including regularly scheduled cleanings by my dentist after my implants have been placed. I have been informed and understand that failure to maintain excellent home care and regularly scheduled dental cleanings can create a significant risk of losing my implants. I understand I will be responsible for the cost of replacing the implants and/or restoration if I do not follow my Doctor's instructions, maintain the recommended home care, and scheduled appointments.

I understand the importance of quitting smoking BEFORE and AFTER the treatment, of treating any gum disease and of controlling diabetes. It has been explained to me that smoking(of any kind), untreated gum disease and diabetes significantly increase the risk of dental implantation failure. It was further explained to me that the combination of surgical

treatment and bisphosphonate medications (for treatment of Osteoporosis or bone diseases as well as use of steroids) being taken now or had been taken in the past increase the risk of chronic inflammation that can amount to necrosis of the jaw bone.

Surgical Phase

I consent to and authorize my Doctor to provide these dental services for the Implant Supported Hybrid procedure. I fully understand that during, and following the recommended treatment and or procedure, conditions may become apparent which warrant (in the professional judgment of my Doctor) additional or alternative treatment necessary for the success of my treatment plan. I also approve any modification in design, materials, and surgical procedures or care if it is determined that such changes are in my best interest.

I understand that I must notify my Doctor if I am taking any medications including narcotic medications, tranquilizers, muscle relaxants, over the counter medications, or any legal or illegal recreational drugs.

It has been explained to me that within the course of the procedure unforeseen conditions may be revealed which will necessitate extension of the original procedure, different procedure from those set forth above, or abandonment of the procedure entirely. In such an event, I authorize my Doctor and his staff to perform such procedures as are necessary and desirable in the exercise of professional judgment to complete my surgery.

Prosthetic Phase

I understand that I will be receiving two sets of teeth; temporary acrylic teeth followed by final teeth made up of titanium substructure and acrylic, Zirconia, or a composite material. The physical properties of the teeth are such that they will wear over a period of time. Parafunctional habits

(grinding and clenching) biting forces, material strength limitations, and other factors can lead to tooth fracture and premature wear.

Photographs and Images

I hereby give my consent for Dr. Mirmooji to take photographs, slides and/or videotape for the jaw and teeth. I also grant permission to reproduce, print and/or publish these images for use in articles, lectures, or advertisements to promote cosmetic dentistry. I understand that some of these images may be used by laboratories for fabrication of bridges and these images will become part of my dental record. I do not accept compensation, financial or otherwise, for the use of these images.

With this signature, I certify that I have read and understand all of the information contained in the consent for the Implant Supported Hybrid treatment plan. I have had the chance to ask the Doctor any questions I have about my diagnosis, about the recommended procedure and alternative treatments, about the recommended anesthesia, about the risks of the recommended alternative treatments, and about the written information given to me. I acknowledge that all of my questions have been answered to my satisfaction by my Doctor and, knowing the risks; I consent to this procedure.

Patient's signature: _____ Date: _____