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## **Consent for implant surgery**

**Recommended Treatment:** After an examination of my dental condition, Dr. Sebastian has advised me that my missing tooth or teeth may be replaced with artificial teeth supported by one or more dental implants. The procedure involves placing titanium dental implant screws into the jawbone. This procedure has 2 phases, surgical phase (placing the implants and later exposing them), followed by a prosthetic phase (getting the replacement teeth attached to them). Dr. Sebastian's office only does the surgical phase. My family dentist would do the prosthetic phase.

**Surgical Phase of Procedure:** Local anesthetic (commonly called novocain) will be used during the implant surgery. Other forms of sedation, such as nitrous oxide (laughing gas) or sedative pills might be used. The gums will be incised and pulled away, a hole or holes drilled into the jawbone, and the titanium dental implant screw(s) placed. The gum will be sutured (stitches) around the implants. Dentures usually cannot be worn during first several weeks after the implants are placed. I understand that if clinical conditions turn out to be unfavorable for the use of this implant system or prevent the placement of implants, Dr. Sebastian will make a professional judgment on the management of the situation on whether the implants can, should or should not be placed.

Healing will be allowed to proceed for a period of 2 to 6 months, depending on the circumstances. Then the implant will need to be "exposed", meaning local anesthesia (novocain) is given, the gums are pulled away, the stability of the implant checked, a long neck screw part attached to the implant and sutures placed. If all goes as planned with no complications, a few weeks later you should be ready for the prosthetic phase, having your dentist make the replacement teeth.

**Prosthetic Phase of Treatment:** If all goes as planned with no complications, a few weeks later you should be ready for the prosthetic phase, having your dentist make the replacement teeth.

**Expected Benefits:** The purpose of dental implants is to allow me to have more functional artificial teeth. The implants provide support, anchorage, and retention for these artificial teeth.

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**Principal Risks and Complications:** Some patients do not respond successfully to dental implants, and in such cases, the implant may be lost. Implant surgery may not be successful in providing artificial teeth. Because each patient's condition is unique, long-term success may not occur.

Sometimes complications may result from the dental implant surgery or from anesthetics/drugs. These complications include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial bruising, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, accidental swallowing of foreign matter, and transient (on rarest of occasions permanent) increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, and transient (on rare occasions permanent) numbness of the jaw, lip, tongue, chin or gums. The exact duration of any complication cannot be determined, and they may be irreversible.

I understand that the design and structure of the artificial tooth/teeth can be a substantial factor in the success or failure of the implant. It is always possible to have a successful, solid implant and the connection between the implant and the gum and bone may fail right away, or even months or years later, necessitating the removal of the implant.

**Alternatives to Suggested Treatment:** Alternative treatments for missing teeth include no replacement, removable dentures, or sometimes dental bridges. However, continued wearing of ill-fitting and loose removable dentures can result in further changes to the bone support of the remaining teeth and to the gum tissue of my mouth.

**Necessary Follow-up Care and Self-Care:** I understand that it is important for me to continue to see my regular dentist for routine dental care, as well as to get the implants restored with artificial teeth.

I have told Dr. Sebastian about any pertinent medical conditions I have, allergies (especially to medications or sulfites (many local anesthetics have sulfite preservatives)) or medications I am taking, including over the counter medications such as aspirin.

I will need to come for post-op appointments following my surgery so that healing may be monitored and so Dr. Sebastian can evaluate and report on the outcome of surgery to my dentist. *Smoking, excessive alcohol intake or inadequate oral hygiene may adversely affect healing and may limit the successful outcome of my surgery.*

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I know that it is important to:

1. Abide by the specific prescriptions and instructions given.
2. See Dr Sebastian for post-operative check-ups as needed.
3. Quit smoking. Implant failure rates are several times higher in smokers.
4. Perform excellent oral hygiene once instructed to, usually starting 1 week after the surgery is done.
5. Have my dentist restore the implant(s) once they are healed.

**Bone graft materials** Sometimes bone grafting is done at the time of implant placement to build more bone around the implant screw if there is an insufficient width of bone due to bone loss or go grow bone at the bottom of some upper back teeth implants to “push” the sinus floor upward. The sources of bone graft material are from human organ donors and/or from bovine (cow) processed in accordance with FDA regulations thru FDA approved commercial bone banks/processors. Sometimes sterile, medical grade calcium sulfate (plaster) is mixed with the bone. Plaster is inert (no rejection reaction) and resorbs completely in 8 weeks, so is a good source of extra calcium content for getting a successful bone graft. A covering may be placed over the bone graft, either a non resorbable (needs to be removed in about 4 weeks) man-made thin teflon wafer (commonly called a teflon barrier) or a medical grade, resorbable sterile collagen wafer (commonly called a collagen membrane or collagen barrier) in a wafer form derived from bovine (cow) or porcine (pig) Achilles tendon. The purpose of the barrier is to keep the bone graft material in place.

**No Warranty or Guarantee:** No guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, it should be. Due to individual patient differences, however, there cannot be a certainty of success. There is a risk of non-success despite the best of care.

**Publication of Records:** I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for either the advancement of dentistry or in promotional materials. My identity will not be revealed to the general public.

**Communication with my insurance company, my dentist or other dental/medical providers:** I authorize sending correspondence, reports, chart notes, photos, x-rays and other information pertaining to my treatment before, during or after its completion with my insurance carriers, my dentist, and any other health care provider I may have who may have a need to know about my dental treatment.

**Females Only:** Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills). Therefore, I understand that I will need to use some additional form of birth control for one complete cycle besides just birth control pills after a course of antibiotics is completed.

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**Sending information to implant company representative:** I give approval for Dr. Sebastian and/or his representatives to send information on my surgery to the implant company representative(s) so that they have information on file if/when my restorative or family dentist has any questions regarding supplies they would need to restore my implant.

Procedure(s) to be performed:

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## Consent

I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this dental implant surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling Dr. Sebastian of any pertinent medical conditions and prescription and non-prescription medications I am taking. I have had an opportunity to ask questions. I consent to the performance of the dental implant surgery as presented to me during my consultation and as described in this document above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. Sebastian. I have read and understand this document before I signed it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Printed name of patient, parent or guardian]

\_\_\_\_\_  
[Signature of patient, parent or guardian]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Printed name of witness]

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[Signature of witness]