

# Western Pennsylvania Oral and Maxillofacial Surgery PC

Date

## Consent for Dental Implant Surgery

1. I \_\_\_\_\_ give my consent to authorize Dr. Steven Krakora / Dr. Brandon Humberger to perform the following surgical procedures on me:

### *Placement of Dental Implant*

Sinus Lift

Bone Grafting

\_\_\_\_\_ I understand that the material used is sterilized cadaver bone which has been purified and cleansed of any disease transmission and is non-living.

This operation has been explained to me, including other procedures deemed necessary or advisable to complete the planned implant operation.

2. I understand that the primary purpose of my surgery is to place dental implants upon which artificial teeth can be constructed. The potential benefits of implants are primarily related to stability and support of the artificial tooth

appliance. The implant is anchored in the bone, and penetrates the mouth mucosa. The artificial tooth appliance is then secured to the implant.

3. Alternative treatment methods have been discussed with me they include:

- a. No surgery and construction of traditional tooth replacement.
- b. Ridge augmentation with bone or artificial materials.

4. I understand that dental implants are a wonderful way to replace missing teeth. As with any such procedure, the probability of failure over the long-term is not currently known. The implant which will be placed in my mouth,

may fail at any time, the most likely time being when the implant is uncovered. I understand that implants usually last for many years, but that no guarantee that it will last for any specific period of time has been given. I

understand that should the implant fail, there will be no refund of fees. I have been told that if the implant fails or requires removal it may be possible to insert another implant after a suitable healing period. I understand that if

other procedures are necessary such as bone grafting, there may be additional fees.

5. I understand that the procedure for placement of the implants requires two operations. The first operation is the insertion of the implant into a hole drilled into the jaw bone. The mucosa is sutured over the implant, and a period

of time, usually three to six months, is allowed to elapse. The second operation is when the uncovering of the implant by the removal of a small amount of gum tissue overlying the healed bone and implant.

6. I understand that the artificial teeth will be constructed by your general dentist after the implants have healed. The fees for the artificial teeth are separate from the surgical fee.

7. Dr. Krakora has explained to me that there are certain inherent and potential risks in the placement of implants, and that the risks include, but are not limited to the following:

A. Postoperative discomfort and swelling that may necessitate several days of home recuperation.

B. Persistent bleeding.

C. Postoperative infection requiring additional treatment.

D. Stretching of the corners of the mouth with resultant cracking and bruising.

E. Breakage of the jaw bone.

F. Injury to the adjacent nerves, especially of the nerve which goes to the lower lip and chin.

This may result in prolonged numbness or tingling of the lip and chin.

G. Opening into the maxillary sinus which may result in increased chance of failure of the implant.

H. Problems may occur adjacent to the intravenous needle site, including pain, swelling, and bruising.

I. Bruising of the chin, neck, and other tissues in the area where surgery will be performed.

#### 8. ANESTHESIA

The anesthesia I have chosen for my surgery is:

Local Anesthesia

Local Anesthesia with Intravenous Sedation and or General Anesthesia

9. I have been given the opportunity to read, discuss, and fully understand the terms and words in this consent form. I understand the proposed operation and have had several opportunities to ask questions about it. I also

understand that I may contact my doctor should I have any additional questions. This form was pre-filled before I signed this document. I have read all paragraphs which were applicable to my surgery, and those which were crossed out.

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Patient Signature

Date