

East Ohio Oral & Maxillofacial Surgery

Practice limited to Oral & Maxillofacial Surgery

Larry D. Towing, D.D.S., M.D.

Claire E. Towing, D.D.S.

INFORMED CONSENT AND PATIENT INFORMATION

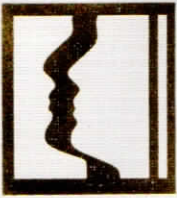
FOR ORAL IMPLANT TREATMENT

EXAMINATION AND DIAGNOSIS:

- After an examination and detailed analysis of my mouth, bite, and remaining teeth, my dentist and Dr. Towing have advised me that my missing tooth or teeth may be replaced with artificial teeth (a prosthesis) supported by an implant(s). I have been informed about and understand the purpose and nature of the oral implant treatment and any other anticipated treatment options that may be required.

IMPLANT SUCCESS:

- It has been explained to me that implant(s) are not 100% successful, and that there is no method to predict healing capabilities in each patient. I understand that the success or failure of my implant(s) will determine the final design of the tooth restoration(s) placed in my mouth.
- It has been explained to me that in some instances implant(s) fail and must be removed. Likewise, implants which cannot be restored may be left unused.
- I have been informed and understand that no guarantees or warranties as to the outcome of results of treatment or surgery can be made.
- I also understand that smoking decreases the chance of implant success, and that I must follow the home care instructions I am given at each stage of treatment.
- I understand that I must schedule and attend regular follow-up examinations as instructed by all dentists involved in my implant treatment



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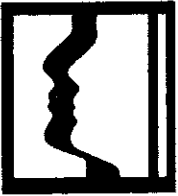
Claire E. Towning, D.D.S.

TREATMENT:

· In order to treat my condition, my dentist has recommended the use of dental implant(s). I understand that the procedure for implant(s) involves a surgical phase where an implant is placed in bone. Bone and gum tissue may have to be surgically re-constructed before an implant can be placed. This is followed by a prosthetic phase, performed by my referring dentist, where teeth (crowns, bridges, dentures) are designed and attached to the implant(s).

SURGICAL PHASE OF PROCEDURE:

- I understand that general anesthetic or sedative drugs may be utilized, and that I cannot operate a motor vehicle or hazardous device for at least 24 hours after the administration of such drugs or anesthesia.
- I understand that a local anesthetic will be administered to me as part of the treatment. My gum tissue will be opened to expose the bone and implant(s) will be placed into the site(s) that have been prepared in my jawbone.
- The gum will be closed over or around the implant(s) and a dressing may be placed. Healing will normally take four to ten months. I understand that denture(s) usually cannot be worn during the first one or two weeks of the healing phase and then must be modified and maintained during implant healing.
- Most implant(s) require a second surgical procedure in which the overlying gum tissues will be opened and the stability of the implant will be assessed. If the implant appears satisfactory, an attachment (abutment) will be connected to the implant. After this second surgery, I may need to wait another one to two weeks before wearing my denture(s).
- The procedures to create an implant prosthesis (crown, bridge or denture) can then begin. The prosthodontic (restorative) phase of my treatment will take place over a series of several appointments after the second-stage surgery.



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· I further understand that if clinical conditions during surgery turn out to be unfavorable for the use of this implant system, or prevent the placement of implant(s), the dentist providing the surgery will make a professional judgment on the management of the situation, based on previous consultations with the restorative dentist and me. I understand that alternative treatment options may involve an additional surgical appointment to build up the ridge of my jaw with supplemental bone grafts or other types of grafts to assist in the placement, closure and security or stability of my implant(s).

PROSTHETIC PHASE OF PROCEDURE:

· I understand that at this point, I will be referred back to my dentist for completion of treatment. This treatment is as critical as the surgical phase for the long term success of the oral reconstruction of my mouth. Fees for this phase of treatment are in addition to and separate from the surgical fees. During this phase, an implant prosthesis (e.g. denture, crown or bridge) will be designed and attached to the implant(s).

ALTERNATIVES TO IMPLANT(S):

· I have considered the following alternatives to implant treatment:

1. No treatment
2. Construction of a conventional complete or partial denture(s), and/or
3. Tooth replacement with conventional bridgework using my remaining teeth (if possible).

· Alternatives to implant(s) have been explained. I have tried or considered these methods, but I desire an implant to help secure the replacements for the missing teeth.



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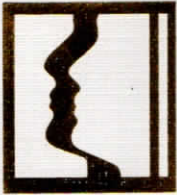
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RISKS OF IMPLANT TREATMENT:

- I understand that the exact duration of the complications may not be determinable and may be irreversible (permanent).
- I understand that failing implant(s) may require additional surgical procedures or even surgical removal, and may require additional prosthodontic procedures or even subsequent placement of additional implant(s).
- I understand that the surgical risks include, but are not limited to: pain; swelling; bruising; infection; bleeding; injury to neighboring or adjacent teeth; adverse drug reactions; discomfort; temporary or permanent damage to the nerves that give sensation to the lower jaw, lip and tongue which could result in numbness, loss of taste, tingling, burning, or pain of the affected area; jawbone fracture; jaw joint injury; delayed healing; sinus injury; irritation or infection; loss of one or more implants; and an ongoing risk of jaw fractures in very thin jaws. There are also risks associated with grafted and guided tissue procedures which include, but are not limited to: graft site problems (pain, swelling, bruising, bleeding, discomfort, infection, nerve injury, fracture); loss of the grafted tissue; rejection of bone or grafted material; separation of the wounds; abnormal healing of the site leading to a non-healing or compromised healing situation.
- I understand that prosthodontic risks include, but are not limited to: immediate or delayed failure of an implant; fracture of the restoration(s) and/or implant components; wear of the restoration requiring a remake; difficulties with speech and/or chewing; and compromised esthetic or functional outcome as a result of implant loss or less than ideal angulation or position of the implant(s). Unusual angulation or positioning of the implant(s) may necessitate either more complex, or therefore more expensive, prosthodontic and/or endodontic (root canal) treatment than what has been planned, or may possibly result in one or more of the implant(s) not being used to retain the prostheses.



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DECISION NOT TO TREAT MY CONDITION:

· I have been informed, and I understand, that if I choose not to treat my condition with implant(s) that the following risks are possible:

1. Continuing use of removable, complete or partial denture(s) with associated potential for discomfort and shrinkage of the jawbone which could necessitate relining of the existing denture or fabrication of a new denture;
2. Shifting of the neighboring teeth or over-eruption of the opposing teeth, increasing the possibility of gum and chewing problems;
3. Heavy bite forces on the remaining teeth, possibly leading to tooth fracture and/or loss; and/or
4. Shrinkage of bone on the lower jaw may make the nerves to the lower lip more susceptible to injury from pressure of a conventional denture.

NO GUARANTEE:

· No guarantee or warranty has been made to me that the proposed implant treatment will be 100% successful or that the final restoration(s) will be totally successful from a functional or appearance standpoint. I understand that no medical or dental treatment is totally predictable and that this includes treatment with dental implant(s). I understand that because of unknown or unforeseen factors, further surgical or prosthodontic procedures beyond those described to me might be necessary and that the final fee for treatment may therefore be more than the estimate I have been given. I also understand that the long-term success of my proposed implant treatment requires that I perform the necessary hygiene procedures as directed and that I return for scheduled follow-up and recall appointments. I understand that there will be additional ongoing fees for these required procedures to maintain the health and function of my implant restoration(s).



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PUBLICATION OF RECORDS:

· I understand that photographs, slides, radiographs (x-rays) or any other viewing of my care and treatment during or after its completion may be used in publications or presentations. My identity, however, will not be revealed without my permission.

RETREATMENT:

· I understand that I will attend for prescribed follow-up appointments and follow the home care instructions given to me following the placement of implant(s). It has also been explained to me that once the implant(s) are placed, the entire dental treatment plan, including personal oral hygiene and care, must be followed and completed on schedule as recommended. Any retreatment or additional treatment that may be considered necessary due to implant or prosthodontic complications within one (1) year of placement will be handled as follows:

1. I will not be charged for clinical services to replace the implant(s) and/or repair, or replace the prosthesis. However, I will incur costs related to components and laboratory costs for materials. I will be given an estimate of the anticipated fees before retreatment begins. I understand that this does not constitute a warranty, but rather a statement of services. Failure to follow prescribed home care procedures or attend follow-up appointments will mean that I will assume all costs for any retreatment required. Input and estimates for both the surgical and prosthetic aspects of required retreatment will be provided.

2. Beyond one (1) year following placement of the prosthesis, I will assume all costs for any necessary retreatment due to implant or prosthetic failure. I will be given an estimate of anticipated fees before further treatment begins.

· I understand that the above statement of services applies only to the clinicians involved in the original treatment involving the placement of implant(s) and prosthetics.



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PHYSICAL AND HEALTH HISTORY:

- To my knowledge, I have given an accurate report of my physical and mental health history and current condition. I have reported any allergies, illnesses, diseases, and any other conditions related to my health.
- I understand that any amount of smoking reduces the success rate of implant treatment and substantially increases the risk of failure, infection and bone loss.

CONSENT:

- I read and understand English, and I have read and understand all seven pages of the information included with this form.
- I have had the opportunity to ask questions, and have my questions answered to my satisfaction.
- I, the undersigned, hereby consent to the performing of surgical and prosthodontic procedures needed to place, restore and maintain my implant(s) including the use of anesthetics and sedation as indicated. The above treatment including the associated risks has been explained to me along with the alternatives.

_____ Date: _____

Signature of Patient or Legal Guardian

_____ Date: _____

Signature of Witness