Menlo Park Dental Excellence-ChauLong T Nguyen Dental Corporation

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Discussion and Informed Consent for Implant Placement

Patient Name:_____ Date:_____
Diagnosis:
_____ Severe large and deep cavity to bone and furcation of tooth # _____
_____ Root fracture causing abscess/infection and bone loss of tooth # _____
_____Acquired missing teeth with severe bone loss and resorption in tooth # _____
_____ Severe pneumatization of maxillary sinus due to missing teeth in extended time in tooth#_____
_____ Severe vertical, angular bone loss and localized moderate to severe periodontitis in tooth#_____
_____ Impaired/inability to speak/speech, chew or function during talking, eating/drinking due to lack of tooth # _____
_____ Low self-esteem and inability to find a job due to loss of front tooth #_____

All of the above diagnoses have very poor to hopeless prognosis and non-restorable conditions.

Treatment:
1. Extraction of tooth #_____
2. Place implant/implants in position of tooth #_____

Dental Implants are used to replace missing teeth and provide a base for artificial teeth. Implant placement and restoration involves two major stages: surgical placement of the implant(s) followed by the restoration of the implant after osseointegration (the bone grows around the implant) has occurred. Dr. ChauLong Nguyen will be placing the implant(s), which can be one or two stage surgical procedures. She will be doing the restorative phase and specific questions regarding the prostheses (customized restorations) will be answered during the informed consent discussion.

Alternative Treatment Plans to Implant Placement
Option 1: No Replacement of Missing Teeth
Patient's Initials Required:
_____ ***Risks, not limited to the following:*** Compromised aesthetics and possible drift of adjacent and/or opposing teeth into the space(s) with the resultant collapse of the arch integrity. I understand that if no treatment is elected an inability to place implants at a later date due to changes in oral or medical conditions could occur.
_____***Benefits, not limited to the following:*** No additional costs at this time.
_____***Consequences if no treatment is administered, not limited to the following:*** I understand that I can choose to do nothing and my present complaints will continue and may worsen. Subsequent choices for repairs may become more difficult, expensive, or not feasible.

Options 2 & 3: Removable or Fixed Appliances

_____ Removable or fixed appliances without implants have been explained to me by Dr. Nguyen as an alternative to implant supported restorations. The risks, benefits, and consequences of the two types of the appliances were also explained to me, including stress on other teeth, gums or bone, fit, retention and appearance.

Implant Surgical Treatment Plan - Facts for Consideration - ***Patient's Initials Required:***

_____Dental implants are metal anchors placed into the jawbone, underneath the gum tissue, to support artificial teeth where natural teeth are missing. When the bone attaches itself to the implant, these implants act as tooth root substitutes and form a strong foundation to stabilize the customized, artificial teeth.

_____ I understand that the placement of implants and the making of compatible prostheses are two separate treatments with separate expenses and separate risks and benefits.

_____I understand that in order for the implants to be placed in my bone, my gum tissue will be opened to expose the bone. Implants will be placed by pushing or threading them into holes made in the bone. The implants will have to be snugly fitted and held tightly in place during the healing phase.

_____ I understand that the soft tissue will be sutured to close over or around the implants. A periodontal bandage or dressing may be placed. Healing will be allowed to proceed for a period of three to nine months.

_____ I understand that for those types of implants that require a second surgical procedure, the overlying tissues will be opened at the appropriate time, and the stability of the implant will be tested. If the implant appears satisfactory, an attachment will be connected to the implant. The restorative phase to create a prosthetic appliance or crown(s) can begin.

_____ I understand that no specific estimate can be made regarding the period for the longevity and retention of the implant. If fixtures have to be removed, I should be able to return to using a conventional denture or partial denture or possibly have additional fixtures placed in the future. It has also been explained to me that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If this schedule is not carried out, the implant(s) may fail.

_____ I understand that additional maintenance and repair may be expected for the implants. I am responsible for all surgical costs after the first year of treatment. I agree to follow pre- and postoperative instructions.

_____ I understand that dentures or removable prostheses usually cannot be worn during the first one to two weeks of the healing phase.

_____ I understand that the practice of dentistry is not an exact science; no guarantees or assurances can be made regarding the outcome or the results of treatment or surgery.

_____ Short-term effects after surgery: There may be normal side effects that my surgeon will instruct me how to handle at home, such as swelling, stiffness of the jaw muscles, bruising, occasional oozing of blood for 24 to 48 hours or moderate pain for 24 to 48 hours.

Risks, Benefits and Alternatives - *Patient's Initials Required:*

_____ ***Risks, not limited to the following****:* Though dental implant surgery has a high rate of success, like all surgery it carries with it the possibility of complications not limited to the following:

1. Most painful in the first 6 hours after surgery and swelling that worst on the third day of surgery.

2. Intense pain that cannot be relieved by prescription medication;
3. Infection;
4. Permanent loss or alteration of nerve sensation resulting in numbness or tingling sensation in the lip, tongue (including loss of taste), cheek, chin, gums or teeth;
    i. Sinus complications such as perforation;
    ii. Excessive or prolonged bleeding;
    iii. TMJ (temporomandibular jaw joint) pain or abnormal function of the jaw, jaw fracture;
    iv. Bone loss around the implant; and
    v. Implant failure and loss (the bone does not grow around the implant).

I understand that if any of the above occurs, I must immediately contact Dr. Nguyen.

Patient's Initials Required:

_____ ***Benefits, not limited to the following*****:** Increased chewing efficiency and improved appearance or speech are the most common benefits.

_____ ***Consequences of implants and prostheses in the mouth*****:** I understand that smoking, excessive alcohol consumption, chewing hard foods such as ice or hard candy, may result in damage to my implants and can cause them to fail completely. Although implants can have a very high success rate, there is a higher rate of failure associated with those that smoke.

_____ I understand that a medical condition such as diabetes, previous usage of chemotherapy for cancer treatment, osteoporosis, special vegan diet, low vitamin D, and high cholesterol, smoking can compromise the longevity of an implant.

_____ I understand that I must keep my implants and prosthesis clean by daily maintenance as well as regular checkups and cleanings at the dentist's office.

_____ I understand that in addition to the risks and complications associated with implants and prosthetics, certain complications may result from the use of anesthetics or sedatives. The risks, benefits and alternatives regarding anesthesia will be explained to me, and I will disclose any allergies I have and/or substances or medications I am taking because they may affect my response to the anesthetic. Dr. Nguyen will be administering the anesthetic and will discuss the risks and benefits with me.

Patient Criteria

Almost anyone who is missing teeth can benefit from implant treatment. Those who are experiencing chewing problems and difficulty wearing a removable appliance can look to a restoration anchored to an implant as a possible treatment plan. Those who do not have a disease or condition that interferes with proper healing after implant surgery, i.e. uncontrolled diabetes or radiation/chemotherapy for treating cancer, and who have sufficient bone that is dense enough to secure the implants are possible candidates for an implant treatment plan.

Patient's Initials Required:

_____ I understand the importance of providing my complete medical history to the dentists who are administering my implant treatment plan. I have reported any known medications, allergies, or prior reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

_____ I understand that Dr. Nguyen may decide to cancel the implant surgery once it is underway if I need supplemental bone grafts or other types of grafts to build up the ridge to

allow placement, gum closure, and the securing of the implant(s). It may even be discovered once the surgery is underway that I am not a candidate for implant treatment.

_____ I request and authorize dental services for myself, including implant surgery and other related treatment. I fully understand that during the contemplated procedure, surgery, or treatment; conditions may become apparent which warrant in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I approve any modifications in design, materials, or care, if my doctor determines this in my best interest. If unforeseen conditions arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated or if critical conditions turn out to be unfavorable for the use of the implant(s) or prevent the placement of the implant(s), I further understand, authorize and direct my doctor, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the treatment.

_____ I understand that each person and treatment situation is unique, and therefore no guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve the condition(s) listed above. To my knowledge I have given an accurate report of my physical and mental history.

Check only one of the boxes below that applies to you:

- ☐ **Yes**, I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above. I consent to have Dr. Nguyen perform the oral surgery to place the necessary implants for my treatment. I authorize and direct this dentist, with her associates, to do whatever they deem necessary and advisable under the circumstances, including not proceeding with the implant procedure once, surgery is underway if I am not a candidate for implant treatment.

OR

- ☐ **No**, I refuse to give my consent for the proposed treatment as described above and understand the potential consequences associated with this refusal.

_____ _____

Patient's (Patient Representative) Signature **Date**

I attest that I have discussed the risks, benefits, consequences, and alternatives to Implant Placement with Mr., Mrs., Ms., _____ who has had the opportunity to ask questions, and I believe my patient understand what has been explained and willingly consents to the treatments noted herein. As part of this consent agreement, I give my personal pledge as a healthcare professional dedicated to the well-being of my patient to make every reasonable effort to assure the patient receives the best possible care with the least possible risk.

Dr. ChauLong Nguyen, DDS, MAGD _____Date:_____

Witness (Staff) Signature _____Date:_____