



- 1** I understand that dental implant procedures involve a surgical phase (inserting the implants) and a prosthodontic phase (replacing teeth) and that a separate fee is charged for each phase.
- 2** I understand that after the implants are inserted, the completion of my treatment may range from 4-10 mos. and that additional procedures may extend completion time.
- 3** I have been informed and I understand the arose and nature of the implant surgery procedure. I understand there will be two planned surgical procedures: **1)** reflection of the gum tissue followed by a precision drilling of small openings into the underlying jaw bone, and then the filling of these openings with metal anchors (implants) similar in size to a small single root tooth. The gum tissue will be closed over the implants with sutures which will be removed in 7-14 days. I understand that I cannot wear any denture over the healing implants for at least two weeks and that my present denture must be adjusted and/or lined with soft lining before it can be worn. **2)** I understand a small second surgical procedure, 3-6 mos. after the first procedure, will be necessary to place implant abutments (metal parts) through the gum. I also understand that the healing of the gum following the second surgical procedure may result in irregularities that may require other surgical corrections that may occur an additional fee (e.g. Gum or bone grafts). I hereby authorize Jonathan C. Su, DDS, and such assistants as may be selected by him to treat the condition below:

- 4** Alternatives to this treatment have been explained to me which may include but are not limited to:
1) Continuing with my present denture or not replacing missing teeth **2)** Constructing a new denture without surgical correction or placement of a fixed (non-removable) bridge if adequate teeth are available **3)** Constructing a new denture with surgical procedures which may include but are not limited to moving muscle attachments, nerves, bone, or soft tissue grafting. I understand and have considered these alternatives, but I want dental implants to help secure the replacement of tooth or teeth.
- 5** I understand there are possible risks and side effects involved with surgery, drugs, and anesthesia. Such complications may include pain, swelling, infection, discoloration, numbness of the lip, tongue, chin, cheek or teeth may occur. The exact duration of complications may not be determinable and may be irreversible. Also possible are inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions or side effects to drugs or medications used.
- 6** I understand that if no implants are done, any of the following could occur: loss of bone, gum tissue inflammation, infection, tooth or gum sensitivity, looseness and/or drifting of teeth, looseness of dentures/bridges.
- 7** It has been explained to me that there is no method to accurately predict gum and bone healing capabilities in each patient following the placement of the implant and that in some instances implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome of results of treatment or surgery can be made.
- 8** If an implant fails to integrate to the bone at or before the second stage procedure (abutment connection), I understand I have the following options: **1)** Removal of the implant and replacement of a new implant at the proper time. There will be no surgical fee for this replacement but I will be responsible for the cost of the implant fixture. **2)** Removal of the implant and no replacement. Again, there will be no surgical fee for the removal of the implant but there may be additional costs for modifications in the planned future.

PATIENT OR RESPONSIBLE PARTY _____ DATE _____