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Complete solutions for dental implants
& reconstruction

including All-on-X, teeth in a day and
Full Arch rehabilitation.



Consent For Implant Surgery

Recommended Treatment: Congratulations on selecting dental implants as a rehabilitation for your missing teeth. Dental implants save the dental bony ridge and your jawbone for collapsing further by fusing bone to a titanium fixture, and help with function as close to as natural healthy teeth would. Dr. Kaushesh 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 on top of which functional teeth or dentures can be secured. This procedure has 2 phases: the surgical phase (placing of the implants and later exposing them), followed by a prosthetic phase (getting the replacement teeth attached to them) These two phases are usually separated by a length of 10-16 weeks until the dental implants heal in bone..

Surgical Phase of Procedure: Local anesthetic (commonly called Novocain) will be used during the implant surgery. IV sedation or nitrous oxide (laughing gas) might also 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. All patients are advised to go on liquid diet for 6 weeks. If you wear dentures, you may be told not to place them in mouth for a week.

I understand that at the time of surgical placement of the implant, a clinical decision may be made not to place the implants depending upon the actual bone morphology, quality and quantity of bone available, even though a Cone Beam CT scan has been read; radiographic and clinical findings are assessed separately, and sometimes have different presentations during surgery.

Initials

Healing will be allowed in order to proceed for a period of 2 to 6 months, depending on the circumstances. Sometimes, the gums don't heal around the implant as planned necessitating 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 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.

If your healing goes as planned, understand that I will need a second surgery to expose the implant after 2-6 months of healing and a healing abutment will be placed for additional 2-4 weeks before we start the fabrication of final crown(s), or load the implant below your dentures.

Initials

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.

I understand that smoking, excessive alcohol abuse, poor oral hygiene, suture line opening by chewing on sticky foods or tongue involvement, recreational drugs, clenching and bruxing habits, uncontrolled diabetes, rheumatoid arthritis, low bone density are strongly associated with the failure of the implants.

Initials

As with any surgery, sometimes complications may result from the dental implant surgery. These include, but are not limited to post-surgical infection (mouth naturally harbors bacteria and food, Keeping a great oral hygiene is essential). You should call your surgeon directly, immediately if any of the following unusual or abnormal conditions happen: 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, numbness, impact on speech, allergic reactions, accidental swallowing of foreign matter, and transient (increased

tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, and persistent numbness of the jaw, lip, tongue, chin or gums.

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 dentist (Dr. Kaushesh) for routine dental care, as well as to get the implants restored with artificial teeth.

In the event that a dental implant fails to integrate or if the bone does not accept it during the healing period, I acknowledge that a subsequent dental implant or bone graft will be provided to me at half the original cost. It is essential to recognize that dental implant procedures involve thorough planning, the creation of surgical guides, procurement of dental implant products, and other related services aimed at enhancing my quality of life. Given the significant overhead costs associated with medical and dental practices, including expertise and time, mostly in the beginning of the procedure, I fully understand and accept that all payments made towards my procedure are non-refundable.

Initials

I have told Dr. Kaushesh 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. Kaushesh can evaluate and report on the outcome of surgery.

Smoking, excessive alcohol intake or inadequate oral hygiene may adversely affect healing and may limit the successful outcome of my surgery.

Warranty or Guarantee: Successfully integrated dental implants with restored crowns: dental crowns are guaranteed for a lifetime against breakage or fracture. Should any fracture or breakage occur, replacement crowns will be provided at no charge. Please note that dental implants, situated within living bone, are subject to long-term influences such as oral hygiene, smoking, excessive alcohol consumption, poor oral care, recreational drug use, clenching and grinding habits, and uncontrolled medical conditions. Therefore, no guarantee, warranty, or assurance has been provided regarding the success of the proposed treatment. While success is typically expected in most cases, individual patient variations mean that absolute certainty cannot be guaranteed. There exists a risk of non-success despite the provision of optimal 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.

I understand that visual images are taken to necessitate the documentation of the surgery and for teaching purposes and that my identity is not revealed to the public.

Initials

Sending information to implant company representative: I give permission to Dr. Kaushesh and/or his representatives to send information on my surgery to the implant company representative(s) so that they have this information on file.

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. Kaushesh 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. Kaushesh. I have read and understand this document before I signed it.

Name

Date

[Signature of patient, parent or guardian]