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ALL ON 4 / ZYGOMATIC IMPLANT CONSENT FORM

Patients name: _____ Date: _____

(please initial each paragraph after reading. If you have any questions, please ask your doctor **BEFORE** initialing.)

You have received the information about your proposed implant placement so that you are able to make the decision as to whether to proceed with surgery. What you are being asked to sign is your acknowledgement that you understand the nature of the proposed treatment, the known risks associated with it and the possible alternative treatments.

IMPLANT SUPPORTED HYBRID BRIDGE / OVERDENTURE / DENTURE PROCEDURE PATIENTS

____ My doctor has examined my mouth and made treatment recommendations for replacing my missing teeth. Alternative forms of treatment and their associated risks and benefits have been explained to me including doing nothing. I have had all questions answered to my satisfaction. I have been advised that I may seek additional care to preserve and maintain any teeth that are currently in my mouth. I understand that these additional treatments may include periodontal (gum disease care), endodontic (root canals), orthodontic (braces), and or general dental care. Having been advised of and considering these options, knowing of these alternative forms of treatment to preserve my teeth, I have elected to have any remaining teeth extracted for the implant supported hybrid fixed bridge/ overdenture procedures for my upper jaw. I have had sufficient time to consider these alternative forms of treatment or have tried them and have chosen to consent to the implant supported hybrid fixed bridge procedures for my upper jaw and or implant supported hybrid fixed bridge / overdenture on the lower jaw, or both. I understand that this is a surgical procedure and have been informed about what is necessary to accomplish the placement of the implants and attaching the bridge(s). I understand that no guarantees can be or have been made to me about the success of this surgical procedure. I agree to cooperate with my doctors recommendations and advice prior to and following this procedure knowing that not doing so may result in the failure of my implants and or bridge.

____ I have been informed of the possible risks and complications involved with these procedures including the anesthesia and medications used. Such complications include pain, swelling postoperative infections, sinus infection and discoloration. Numbness of the lips, chin, tongue or cheek may occur. The exact duration may not be determinable and in rare cases may be painful and or irreversible.

Also possible are vein inflammation, bone fractures, penetration of the sinus (upper jaw area) requiring corrective treatment, delayed healing, allergic reactions all of which may require corrective treatment, surgery or possible loss of my implants. In addition to risks associated with implant healing including failure for Osseointegration, infection or difficulty with gum tissue healing, Zygomatic implants can result in temporary or permanent injury to the sinuses or eye socket with changes in vision (in rare cases blindness) and or the need for additional surgery for specialist care. In addition, while bleeding is typically minimal during this procedure variations in anatomy can result in significant bleeding which may require additional intervention. The risks include facial nerve injury which may be permanent and painful, because these implants are placed in the area of your upper cheek(s) there may be slight alteration in appearance and in rare cases scarring that may require corrective treatment. These complications are rare and all precautions will be taken to avoid injury however in any surgery unforeseen complications can occur which may require referral to a specialist or medical professional. I have also been advised that the implant is a foreign body and may be rejected or poorly tolerated by my bone or surrounding tissues. If this should occur the implant may need to be removed in the event of failure. I have been advised that tissue and or bone grafting may be necessary to complete my treatment. I also have been advised and have considered that in the event of failure of my implants the treatment option is dentures.

___ My doctor has explained to me that there is no certain method of predicting my bone or tissue healing capabilities following the placement of the implants and prosthesis. I agree to follow my doctor's post operative instructions and to immediately notify him/her of any problems that may develop. I understand that, in rare cases, my implants may not accept immediate placement of my bridge. In such a case, I understand that I will be provided with a denture until healing.

___ I understand that use of any tobacco products or excessive alcohol consumption, may affect gum healing and reduce the success rate of the procedure. Therefore, I agree not to use these products and to follow the instructions of my doctor. I understand that certain medical conditions may contribute to the failure of my implants. I have provided a complete medical and dental history to my doctor. I will also advise my doctor of any changes in my medical and dental conditions prior to my surgery. I agree to see my doctor for all recommended follow up visits including regularly scheduled cleanings by my dentist after my implant has been placed. I have been informed and understand that failure to maintain excellent home care and regularly scheduled dental cleanings create a significant risk of losing my implants. If I do not follow my doctor's instructions, maintain the recommended home care and scheduled appointments, I understand I will be responsible for the cost of replacing the implants and or restoration. I also understand that I am welcome to seek and obtain a second opinion before consenting to the procedure.

___ i consent to and authorize my doctor to provide these dental services. The implant supported a hybrid procedure, for me. I fully understand that during and following the recommended treatment procedure, surgery and treatment, conditions may become apparent which warrant , in the professional judgment of my doctor additional or alternative treatment

necessary for the success of my treatment plan, i also approve any modification in design,materials, and surgical procedures or care if it is determined that such changes are in my best interest.

ANESTHESIA

___I understand that the following types of anesthesia have been discussed with me> local anesthesia, local anesthetic intramuscular sedation, local anesthetic with nitrous oxide oxygen analgesia, local anesthesia with oral premedication local anesthesia with intravenous sedation and general anesthesia.

___Anesthetic risks includeL discomfort, swelling, bruising, infections, prolonged numbness and allergic reactions. There may be inflammation ant the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and or disability, and may require special care. Nausea and vomiting, although rare may be unfortunate side effects of iv anesthesia, intravenous anesthesia is a serious medical procedure and although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

Patient Signature _____ Date _____

Witness Signature _____ Date _____