



DENTAL IMPLANTS

At The Practice we pride ourselves on ensuring our patients are well informed on their dental health and treatment options. This information sheet is aimed to give you general information and risks involved with procedures. Your dentist will be able to identify your specific risks and benefits. As always our providers will endeavour to manage any undesired outcomes for you and perform procedures with the highest level of safety and care for you.

WHAT ARE DENTAL IMPLANTS?

A dental Implant is a titanium device that is implanted into the jawbone. Once healed, the dental implant will then provide an anchor for either a single implant, a bridge, or to help support a full or partial denture. While implants are great replacements for missing teeth, it is important to understand that nothing will be able to replicate exactly what you had with your natural dentition. The process requires a surgical procedure, usually done under local anaesthetic, and where insufficient bone volume is present, bone grafting may be necessary. The usual healing time after surgical placement and before final restoration of the dental implant is between 3 and 6 months. If any attempt is made prior to this point, there is increased risk of failure. We can provide you with a temporary tooth replacement option while healing is occurring.

WHAT ARE THE RISKS OF DENTAL IMPLANT THERAPY?

- **Implant Failure:** It is a risk that the implant procedure may fail or your body may reject it. In this event it will need to be removed through subsequent surgical procedures.
- **Fracture:** The implant(s) may crack or fracture during the procedure or during the implant's life cycle. The dentist will need to assess your situation to determine whether to leave or remove the implant. Any removal will require further procedures.
- **Swelling/Pain:** Due to the surgical nature of the procedure, the site of the implant may become swollen and painful even after the procedure is complete. This can be controlled by non-prescription pain relief such as Nurofen and Panadol. Infrequently there can be bruising present.
- **Infection:** Infection can occur at the site of the implant and may need to be treated with antibiotics.
- **Nerve Damage:** During the procedure, underlying nerves may lie close to the site of the implant. Despite all precautions taken, nerves can be damaged and numbness or loss of feeling, and use of the affected area can occur. The effects of this can be temporary if the nerve is irritated during surgery, or permanent if significant damage occurs. Your Dentist will discuss your specific risk and any likelihood of occurrence.



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IMPLANT QUALITY GUARANTEE

The Practice Modern Dentistry and Facial Aesthetics prefers to use MIS Implants. MIS is one of the largest implant companies in the world. They are backed by modern technology and their own personal product replacement guarantee. You can be assured that the implants used are of the highest quality.

I understand that the Dentist performing the procedure will take every necessary precaution to ensure successful treatment. Pre-treatment records including x-rays and 3D scans have been analysed and explained and I understand there may be circumstances that cannot be predicted. I have had an opportunity to ask any questions related to these risks, and wish to proceed.

I acknowledge:

- A detailed implant treatment plan and relevant implant literature has been provided to me along with a copy of the payment requirements for my treatment
- I understand the stages involved in implant treatment
- I have been informed of the procedure to be utilised.
- I have been informed of the risks and benefits of the agreed implant therapy treatment plan.
- I have been informed of any alternative treatments available
- I am aware of the necessity of follow up appointments recommended by my oral health care provider
- I am aware that treatment success is dependent on my compliance with the aftercare recommendations given to me

By signing this consent form, I acknowledge that I have read the above information and have had the opportunity to ask any questions about this treatment. I understand the risks associated with the procedure and wish to go ahead with treatment.

Patient Name: _____ Patient Signature: _____

Date: ____/____/____