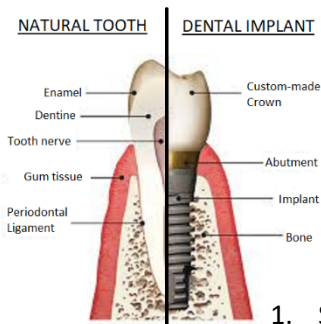


INFORMED CONSENT FOR DENTAL IMPLANTS

After a comprehensive examination of my dental condition, my dentist has advised me that my missing tooth/teeth may be replaced with an artificial tooth supported by a dental implant. This will provide me with improved function and/or appearance.

What is a dental implant?



A dental implant is, in simple terms, a hollow metal screw that is placed into the jaw bone and allowed to fuse. A connector (called an abutment) is then inserted into the implant in order to connect the device into the mouth. A custom-made crown (single tooth) or bridge (multiple teeth) is then added to the connector to replicate the tooth/teeth replaced within the mouth.

How is the treatment performed?

A dental implant is typically placed in 2 separate phases:

1. Surgical Phase:

The implant will require bone to fuse hence the availability of bone and healthy gums are required. Unfortunately this will involve surgery to place the implant and time for healing to occur. This may require one or more surgical appointments and at least 2 months to allow healing. At East Keilor Dental, we prefer to send you to a dental specialist (either periodontist or oral surgeon) for completion of this phase of treatment. The specialist will cover all relevant details in relation to the surgery with you.

2. Restorative Phase:

On completion of healing, the custom-made crown/prosthesis can then be inserted. This will require at least 2 visits but most patients tolerate these visits very well to the extent that treatment is usually completed without anaesthetic. In order to maintain the highest possible standards, we use genuine branded equipment and materials. The prosthetic work is carried out in Australia by Australian dental technicians. Rest assured that the materials and precious metals used meet Australian standards.

To ensure the best colour matching, you may have photos taken of your teeth, you may be sent to a dental laboratory or you may consult with a dental technician on-site at East Keilor Dental. Should the colour still not match quite adequately, you may be sent with the prosthesis to the laboratory for correction of the mismatch.

If at the time of commencing the restorative phase of treatment it is deemed appropriate, you may be referred to a dental specialist (prosthodontist) for the restorative management of the implant.

Common risks associated with the restorative phase and moving forward post-restoration:

- Slight pain and discomfort
- Loosening of the screws holding in the prosthesis (over time)
- Gum disease affecting the implant itself or adjacent teeth (called peri-mucositis or peri-implantitis)
- Tooth decay affecting the teeth adjacent to the dental implant/prosthesis
- Fracture of the restoration

Uncommon risks associated with the restorative phase and moving forward post-restoration:

- Fracture of implant
- Fracture of the prosthesis-retaining screw



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Future and ongoing management:

It is extremely important for the dental implant to be well looked after. Excellent home care and professional care are both required to decrease the risk of complications or failure of the implant.

Treatment Alternatives:

- No treatment
 - Removable appliances (denture)
 - Fixed appliances (dental bridge)
 - Prosthetic work completed by a dental specialist (prosthodontist)
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I acknowledge that all procedures and costs have been explained to me and I give my consent for treatment. I understand the outcome of the treatment cannot be predicted and that success of treatment is unique to my individual medical and dental needs. I understand that treatment outcomes can be negatively affected by certain medical conditions, smoking, alcohol consumption, medications, and particularly oral care at home. I understand that after initial treatment constant monitoring is required for treatment success. I also understand that my personal oral care is essential for a successful outcome and that if plaque control cannot be properly maintained then periodontal disease may recur and/or progress.

Number of appointments expected: _____ Cost estimate: _____

Patient name: _____ Date: _____

Signature: _____