

DENTAL INSURANCE

PRIMARY

NAME: _____
Policy Holder

COMPANY: _____
Insurer

ADDRESS: _____
Number Street

City/Town State/Province Zip/Postal Code

EMPLOYER: _____

GROUP or POLICY NO. _____

INSURANCE CO. PHONE: _____
Area Code

SECONDARY

NAME: _____
Policy Holder

COMPANY: _____
Insurer

ADDRESS: _____
Number Street

City/Town State/Province Zip/Postal Code

EMPLOYER: _____

GROUP or POLICY NO. _____

INSURANCE CO. PHONE: _____
Area Code

MEDICAL INSURANCE

PRIMARY

NAME: _____
Policy Holder

COMPANY: _____
Insurer

ADDRESS: _____
Number Street

City/Town State/Province Zip/Postal Code

EMPLOYER: _____

GROUP or POLICY NO. _____

INSURANCE CO. PHONE: _____

SECONDARY

NAME: _____
Policy Holder

COMPANY: _____
Insurer

ADDRESS: _____
Number Street

City/Town State/Province Zip/Postal Code

EMPLOYER: _____

GROUP or POLICY NO. _____

INSURANCE CO. PHONE: _____

**Reproduce your business
card into this space**

PATIENT INFORMATION AND CONSENT

1. I have been informed and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant under the gum or in the bone.
2. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help secure the replaced missing teeth.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, cheek, or teeth may occur. The exact duration 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 to drugs or medications use, and endocarditis in patients with prosthetic heart valves.
4. I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth, followed by necessity of extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.
5. My doctor has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of the implant.
6. It has been explained that in some instances implants fail and must be removed and that in the long term, implant failure can lead to bone loss, irritation of the gum and undue loading of the natural dentition may occur. 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.
7. I understand that implant success is related to oral hygiene management and that it may be compromised by excessive smoking, alcohol or sugar. I, therefore, agree to follow my doctor's home care instructions and I agree to report to my doctor for regular examinations as instructed.
8. I have been informed that the benefits, which follow a successful procedure, are a denture which will not move in the mouth and which has a greater chewing efficiency.
9. I agree to the type of anesthesia, depending on the choice of the doctor. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.
10. I consent to photography, filming, recording, and X-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.
11. To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
12. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials, or care, if it is felt this is for my best interest.
13. I have been offered a copy of this form to keep.

Signature of Doctor

Signature of Patient

If the patient is unable to sign or is a minor
(Signature of parent or legal guardian)

Witness

Relationship to Patient

**Reproduce your business
card into this space**

IMPLANT SURGERY CONSENT FORM

I hereby authorize and direct Dr. _____, who is a general dentist, and his assistant, to perform surgery upon me for guided bone regeneration treatment with bone graft material and acellular tissue membrane, prior to implant surgery. I understand there may be complications to this procedure, which could include infection or inflammation with the subsequent loss of the graft and membrane, upon which natural healing would be left to occur and a fixed bridge prosthesis treatment started after complete healing. I understand there will be a 4-week healing period with the wearing of a removable partial denture. There will then be a 4-month healing phase of the bony graft before an implant can be placed.

Some tissue recontouring may be done prior and after the implant is placed. A 3-6 month osseointegration of the implant must occur before the crown can be made.

Post Operative Instructions: Brush with a 50/50 mouth rinse/water solution twice per day. Floss non-surgical teeth. Rinse with chlorohexadine daily. Avoid toothpaste for 4 weeks.

I have received all information prior to this surgery and have given full consent for the procedure.

Signed: _____

Date: _____

IMPORTANT

These next five (5) sheets should be duplicated (10 sets at least), and each set of five sheets should be placed into an inexpensive colored heavy paper binder with metal bendable fasteners. The patient will take the binder home with them and read and fill out as necessary. The patient then returns with the binder for your examination and question answering and both signatures. This binder then remains as part of the patient's physical records. This way, complete understanding can be verified for legal reasons. Your business card can be attached or duplicated to this material in the spaces provided.

DON'T FAIL TO UTILIZE THIS MATERIAL!

Dental Implants: Information and Considerations

Before the best placement of the dental implant can occur, two important areas must be addressed, namely:

1. You, the perspective patient must be well informed about our specific dental implant and have your questions answered as it relates to your unique situation and...
2. Your dentist must be well informed as to your present medical and dental condition to best determine if you are a good implant candidate or not.

This information and questionnaire monograph was written to hopefully manage both of these topics. We have purposely left some room at the bottom of each of the pages for your questions however, and encourage them.

● What is a dental implant?

While numerous textbooks have been written concerning the history, types, shapes, insertion techniques, and efficacy of all sorts of dental implants; and as interesting as this may (or may not) be, for our purposes we will limit our information to a single, tapered and threaded, titanium "root" implant that is placed into a missing tooth site. The crown or "tooth" part of the procedure will be placed at a later time when the bone has healed to the titanium, man-made "root". You have been shown a series of pictures that better explains the actual procedure.

QUESTIONS?

● Why a dental implant?

There are three basic ways a tooth may be "replaced" to keep the dental arch intact. A removable partial denture (RPD), a non-removable partial denture (NRPD) or "bridge" where usually the two or more teeth adjacent to the missing tooth site must be violated to some degree. And the dental implant(s) that stand alone to replace the missing tooth or teeth and do not depend on adjacent teeth for support.

● What is insufficient bone?

When a tooth has been missing for some time the healing of the socket usually includes a "shrinking" of the bone. This shrinkage may be of a magnitude that won't allow a titanium root to be placed and still have enough bone around it to secure healing. However, now we can have types of bone added to the bone site to give us the necessary bulk needed. This is called augmentation. Sometimes vital structures may be too close to the proposed implant site to allow for placement. The density of the bone may be insufficient to allow for good healing. All of these factors will be taken into consideration when your doctor evaluates you for sufficient site bone.

QUESTIONS?

● Are there risks associated with a dental implant?

Yes. Statistically one in twenty (1 in 20) implants will fail when the surrounding bone will not heal to the titanium "root". When this happens the "root" must be removed allowing the "socket" to heal. In the dental literature there have been cases where there is a temporary or permanent loss of nerve sensation following implant placement. This results in a numb feeling, but does not result in a sagging of the face because motor nerves are never affected.

● How long will implants last?

This is a question no one can answer. Some implants have been functioning well for twenty years or more but this is not an average because so many factors come into play. Changing health conditions, genetic predisposition,

detrimental habits, improper oral hygiene, etc. But it is comforting to know that if and when the implant does become unstable for whatever reason, that only it and not other teeth that it is “affixed” to are also jeopardized because remember it stands alone.

● **Is age a deterrent?**

No. Only health may be a precluding factor. Many in their seventies or eighties are better candidates than younger people with physical problems.

QUESTIONS?

● **Is there a rejection problem?**

Usually, no. There can always be that isolated instance, but because chemically pure titanium is utilized and not something once living, the likelihood of an antigen-antibody response is very remote.

● **Cancer?**

There have been no instances reported in the dental or medical literature indicating a dental implant as being the cause of a cancer.

● **Are implants expensive?**

They may be in certain instances when the treatment is extensive and a specialist is called in for complicated reconstruction situations. Your doctor will advise you about these special conditions. Our implant was specifically designed to be placed in single or at most double missing tooth sites with adequate supporting teeth adjacent to the site. For this reason, the risk is much less and chances for a good outcome increased. For this reason, costs are kept down and are nearly the same as that of a non-removable partial denture (bridge) without the need to cut down teeth on either side of the site.

QUESTIONS?

● **Will insurance pay for implants?**

No. At this time, unless specifically covered in your policy, insurance companies will not cover implants. This will change in time. Sometimes they will cover the expense of the crown affixed to the implant, however.

● **Is this going to hurt?**

As with any procedure where tissue is entered, there is potential for discomfort. But utilizing local anesthetic, the discomfort is usually minimized if any at all. Most of our patients are very surprised by the comfort of the placement.

● **How much time does it take?**

This varies of course as to the conditions, but usually less time than it would take to prepare the teeth for a bridge. Since with our technique there is only one placement procedure, including the impression for the crown, no follow-up surgery is usually indicated. Several months must pass, however, while bone healing to the implant takes place (osseointegration) before the crown is placed and the “tooth” becomes fully functional.

QUESTIONS?

● Will I miss any work?

Generally we recommend the day of placement. You can expect to sense some feeling of slight pressure in the bone and to the surrounding teeth for a day or two, but if this continues more than 24 hours we need to be informed.

DECISIONS

If you have decided that you want to be considered as an implant candidate, then please fill out the following questionnaire to the best of your ability. If you have any questions not covered in this monograph, please note them below and feel free to ask any oral questions that you wish.

QUESTIONS - Concerning implants in this informational monograph

Has your dentist answered to your satisfaction, any and all questions that you required?

If so, please sign on the line provided _____ Date: _____

Signature of the providing dentist _____ Date: _____

PATIENT REGISTRY

PERSONAL

NAME: _____
Last First M.I.

TODAY'S DATE: _____

ADDRESS: _____
Number Street

DATE OF BIRTH: _____

City/Town State/Province Zip/Postal Code

SOCIAL SECURITY: _____

*OWN *RENT HOW LONG: _____

HOME PHONE: _____

Month Year

Area Code

PREVIOUS _____

MARITAL STATUS, PLEASE CHECK ONE:

ADDRESS: Number Street

*SINGLE *MARRIED *WIDOWED

City/Town State/Province Zip/Postal Code

*SEPARATED *DIVORCED

EMPLOYER: _____

POSITION/TITLE: _____

ADDRESS: _____
Number Street

WORK PHONE: _____

City/Town State/Province Zip/Postal Code

FOR HOW LONG: _____

SPOUSE

NAME: _____
Last First M.I.

DATE OF BIRTH: _____

ADDRESS: _____
Number Street

SOCIAL SECURITY: _____

City/Town State/Province Zip/Postal Code

HOME PHONE: _____
Area Code

EMPLOYER: _____

POSITION/TITLE: _____

ADDRESS: _____
Number Street

WORK PHONE: _____

City/Town State/Province Zip/Postal Code

FOR HOW LONG: _____

REFERRAL (whom we may thank)

NAME: _____
Last First M.I.

ADDRESS: _____
Number Street

City/Town State/Province Zip/Postal Code