

COMPREHENSIVE FAMILY DENTISTRY

DR. LOWELL TUPMAN BSc, D.D.S. & Associates

14-289 Queenston Rd. Hamilton, Ontario L8K 1H2

(905)545-5911

STATEMENT OF CONSENT FOR DENTAL IMPLANTS

1. I hereby authorize Dr. Tupman to perform surgery upon me (or upon the person identified below as the patient, for whom I am empowered to consent) to insert a two-stage endosteal osseointegrated implant in my upper and/or lower jaw.

2. I understand the incisions will be made inside my mouth for the purpose of placing one or more titanium metal root form structures in my jaw(s) to serve as anchor(s) for a missing tooth or teeth or to stabilize a crown (cap), denture or bridge. I acknowledge that Dr. Tupman has explained the procedure in detail and my questions have been answered. I understand that the crown (cap), denture or bridge will later be attached to this implant by Dr. _____ and **the cost for that work is not included in the charge for this procedure.** I also understand that this implant should last for many years, but that no guarantee that it will last for any specific period of time can be or has been given. I have been informed that the implant must remain covered under the gum tissue for at least three months before it can be used and that a second surgical procedure to uncover the top of the implant. It has also been explained to me that once the implant is inserted, the entire dental treatment plan, including my personal oral hygiene, must be followed and completed on schedule. If this schedule is not carried out, the implant may fail. I have also been advised that the failure rate in smokers is greater.

3. I have been informed of the alternatives to use of an osseointegrated dental implant, including: no treatment at all, fabrication of a denture or the construction of a conventional bridge. The advantages and disadvantages of each of the above procedures have been explained to me and I choose to proceed with the insertion of the osseointegrated dental implant.

4. I also authorize and direct Dr. Tupman to provide such additional services as he may deem reasonable and necessary, including but not limited to the removal of bone and tissue for therapeutic purposes and retention or disposal of same in accordance with the usual practices. If any unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under any form of sedation or anesthesia, I further authorize and direct whatever is deemed necessary and advisable by Dr. Tupman under the circumstances. Prior to performing such additional or different procedures, however, I desire that they be discussed with _____ (relationship: _____), whom I hereby authorize and designate to give consent to treatment on my behalf if necessary.

5. I understand that there are normal sequelae (after-effects) and possible complications associated with this procedure and these have been explained to me. They may include, but are not limited to, swelling; damage to other teeth, fillings or other dental work; infection or abscess; pain; bleeding which may be heavy or prolonged; sinus or nasal problems or infection; poor healing; loss of bone; injury to nerves near the treatment site which may cause pain; numbness or tingling of the lips, chin, face, mouth, teeth and tongue (which is usually temporary but may be permanent); loss of or damage to the ability of taste; stretching of the corners of the mouth with resultant cracking and bruising. Although a good cosmetic result is hoped, it cannot be guaranteed. I also understand that any of these treatment complications may necessitate additional medical, dental or surgical treatment and recuperation. Finally, I have been told that this treatment may not be successful, that problems may arise during the procedure which may

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prevent placement of the implant, and the rejection of this implant is possible which would necessitate its removal. Should this happen, I understand that it may not be possible to insert another implant.

The fee for each implant is \$ _____ and your case requires _____ (number of implants) for a total of \$ _____. If an implant failure occurs within 5 years after the initial surgery then the fee for another implant will be waived and a new implant will be placed if possible. The cost of a new tooth/crown is your responsibility. But, in order for this to apply I agree to attend monitoring appointments following completion of the surgery and insertion of my bridge or denture. On occasion, minor surgery may be necessary if gum tissue becomes inflamed or if bone degeneration occurs.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE OPERATION AND THE EXPLANATION REFERRED TO OR MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND ALSO STATE I READ AND WRITE ENGLISH.

Patient Signature (or Guardian)

Date

Print name of patient

Signature of Witness

Print name of Witness

Address of Witness

I have had the opportunity to fully discuss with the patient the nature of the procedure/surgery and the inherent risks.

Dr. Tupman

Date

DUE TO THE AMOUNT OF TIME THAT IS SCHEDULED FOR YOUR SURGERY, WE REQUEST THAT YOU GIVE 48 HOURS NOTIFICATION OF CANCELLING AND/OR CHANGING YOUR APPOINTMENT. THANK-YOU.