



## **Drs. Richard and Mark Lubitz**

**107 Monmouth Road, Suite 107  
West Long Branch, N.J. 07764  
732-389-1110**

### **Dental implant Patient Consent Form**

**Patient:\_\_\_\_\_ Date:\_\_\_\_\_**

**Please initial each paragraph after reading. If you have any questions, feel free to call us before signing.**

**\_\_You have the right to be given information about your proposed implant placement so that you are able to make a decision as to whether to proceed. What you are being asked to sign is your acknowledgement that you fully understand the nature of the proposed treatment, the known risks associated with it, and the possible alternative treatments.**

**\_\_I understand that dental implants are placed with two stage surgery, which requires one surgery to place the implant, followed by a healing time; then a second short surgery to uncover the implant and place a healing cap that protrudes through the gum tissue. The surgery will require a healing period before a final dental restoration can be placed.**

**\_\_In certain circumstances, your dentist may elect to restore some or all of the implants immediately or shortly after placement procedure based on specific criteria.**

**\_\_In certain cases, the surgery may involve additional materials and procedures (such as grafting with bone or artificial bone, use of healing membranes, sedation ). The need for those procedures may not be apparent until after the surgery has begun. I understand that additional fees may be charged without financial agreements being made if additional procedures are deemed necessary.**

**\_\_Alternative treatment methods such as bridges, flippers, and partial dentures have been explained to me.**

**\_\_I understand that incisions may be made inside my mouth for the purpose of placing one or more dental implants in my jaw to serve as anchors to replace a missing tooth or teeth, upon which an abutment and a crown, bridge, or denture will be inserted. I acknowledge that the procedure has been explained to my full understanding, including the number and location and type of implant that will be used.**

**\_\_I have been told the risks and complications of dental implant surgery which are not limited to but include the following:**

**-Post operative discomfort and swelling that may require several days of home recuperation.**

**-Prolonged heavy bleeding that may require additional treatment.**

**-Damage to adjacent teeth or roots of adjacent teeth.**

**-Post operative infection that may require additional treatment.**

**-Stretching of the corners of the mouth that may cause cracking and bruising and may heal slowly.**

**-Restricted mouth opening for several days: sometimes related to swelling and muscle soreness and sometimes related to stress on the joints(TMJ).**

**-Injury to nerve branches in the jaw or soft tissue resulting in tingling, numbness, or pain in the chin, lips, cheeks, gums, tongue (including possible loss of taste sensation) or teeth on the operated side. These symptoms may persist for several weeks or months, and in some cases may be permanent.**

**-Opening into the sinus (a normal hollow chamber in the bone above the roots of the upper back teeth) requiring additional treatment. If the sinus is entered, there may be symptoms of sinusitis for several weeks that may require medications and additional recovery time.**

**-Fracture of the jaw or of thin bony plates.**

**-Bone loss around the implants.**

**-Implant or prosthesis failure. Rarely. The implant or parts of the structure holding the replacement tooth itself, may fail due to chewing stresses.**

**-Rejection of the implant by natural body defenses. (If the implant is lost, it is usually possible to replace it in a later surgery after the bony defect has healed or been bone grafted to achieve adequate bone volume for another implant placement).**

**\_\_No guarantee can be or has been given that the implant(s) will last for a specific time period. I acknowledge that there is a risk of failure.**

**\_\_I understand that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. This includes four to six months recall appointments after the implants are placed.**

**My planned procedure will involve placement of # \_\_\_\_\_implants(s).**

**My signature below signifies that all questions regarding this consent have been answered to my satisfaction, and I fully understand the risks involved with the proposed procedures and anesthetics. I hereby give consent to surgery.**

\_\_\_\_\_  
**Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

**####If facial imaging is necessary for your implant procedure, the imaging center , which is in a mobile installation, may be scheduled by yourself by calling 1-800-881-4432. They can come to my office at a set time or visit you at your abode. The procedure takes about 20 minutes and this gives us a three dimensional scan of your jaw structure so we can treatment plan the position, lengths, and angles needed for your restorations. The fee for this procedure is in the \$279.00 range payable to the imaging center (independent of us). This is one of the first steps needed to see what we have to work with anatomically.**

**####A very good video is available on you tube showing the basic procedure and pros and cons when it comes to implants. This video may be retrieved by internet by going to [www.youtube.com](http://www.youtube.com), then searching for a video called DENTAL IMPLANT CONSLT VIDEO BLUESKYBIO. It runs about 8 minutes. Highly recommended to view.....**