

# Stephen Kelso

dental implants | oral surgery

## **CONSENT TO THE PLACEMENT OF STRAUMANN DENTAL IMPLANTS**

- . 1. It has been explained to me and I understand the purpose and nature of the procedure for the surgical placement of dental implants and for the later reconstruction on the implants.
  
- . 2. I consent to the use of local anaesthesia/intravenous sedation for the surgical procedure.
  
- . 3. I understand that although every care will be undertaken in the provision of all aspects of this treatment, as with all surgical procedures the successful outcome of the treatment cannot be guaranteed but that failure of a Straumann implant is an infrequent event. In the event of failure of the implant, further implant surgery will be offered as appropriate.
  
- . 4. It has been explained to me, as with all surgical procedures, there are a number of possible complications. These may include some discomfort, swelling and bruising after the operation. It is also possible that numbness of the lip and tongue can follow surgery to the lower jaw. Sinus involvement and nose bleeding may occur following surgery to the upper jaw.
  
- . 5. I understand that, where the bone is found to be inadequate to receive an implant, it may be necessary to place a bone graft or a bone substitute to improve the chance of success.
  
- . 6. I understand that, following surgery, it may be necessary for me to take antibiotics to counter infection and I agree to refrain from smoking and alcohol

consumption.

- . 7. The likely benefits include the relief of denture problems such as looseness and discomfort and the replacement of missing teeth with fixed crowns and bridges.
  
- . 8. I understand that mechanical failure such as fracture or loosening of the dentures, crowns and bridges may occur but this is an infrequent event with Straumann implants. In this event, further clinical attention will be required.
  
- . 9. Alternative methods to dental implants for the replacement of missing teeth have been explained to me.
  
- . 10. I have given an accurate report of my medical records including any physical and psychiatric disorders, current medication and allergies.
  
- . 11. I understand that the success of treatment depends, in part, on the maintenance by myself of good hygiene around the implants. I undertake to arrange regular dental examinations for cleaning and X-ray examination of the implants together with any other maintenance required.

Signature of patient:.....

Signature of practitioner:.....

Date:.....