

Champlain Periodontal

Brian D. Huber, D.D.S., M.S.
Nevin Zablotzky, D.M.D.

37 Timber Lane
So. Burlington, Vermont 05403
(802) 862-1435 (800) 783-2526

CONSENT FOR ROOT FORM DENTAL IMPLANTS

After careful oral examination, my periodontist has recommended dental implant surgery to replace my missing tooth (teeth). I understand that this procedure involves placing dental implants into the jawbone. A surgical phase and a prosthetic phase are necessary to complete the procedure.

I understand that, under local anesthesia, an incision will be made to expose the bone. A channel is then made into the jawbone. The implant(s) will then be placed by threading the implant into the channel. A temporary healing cap is placed. The gum tissue will be then be closed around or over the implant(s) with sutures. The implant(s) will be allowed to heal in place for a minimum of 8 weeks before my restorative dentist can begin to make my permanent tooth. In some cases a longer healing period is necessary. I understand that in some cases it is necessary to add bone to the area during implant placement.

Once the healing process is complete I will return to my restorative dentist to place a permanent tooth on the implant. An extension will be placed on the implant to support the tooth.

My dentist has discussed the risks of sinus perforation and/or numbness due to nerve damage, and has explained how these risks pertain to my individual case. Although the success rate of implant surgery is extremely high, in some cases the implant does not heal properly in the bone. In such a situation, the implant will be removed and bone graft material placed, and the area will be allowed to heal for a minimum of two months before placing a second implant. I understand that proper post-operative care is important to the success of my implant.

I authorize the use of photos and documentation of my treatment for educational purposes. My identity will not be revealed to the general public without my permission.

I have been fully informed of the nature of implant surgery and have had the opportunity to ask any questions regarding my treatment. I understand all of the above and consent to dental implant surgery.

Signature (patient or guardian)

Date

Witness

Date