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CONSENT FOR TWO-STAGE OSSEOUSINTEGRATED IMPLANT SURGERY

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You have the right to be given information about your proposed implant placement so that you are able to make the decision as to whether or not to proceed with surgery. What you are being asked to sign is your acknowledgment that you understand the nature of the proposed treatment, the known risks associated with it and the possible alternative treatments.

Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor before initialing.

- ____ 1. I hereby authorize Dr. Christiansen and assistants to treat the condition know as:

- ____ 2. The procedure necessary to treat the condition has been explained to me and I understand the nature of the procedure to be _____

- ____ 3. I understand incisions will be made inside my mouth for the purpose of placing one or more end steal root form structures (implants) in my jaw to serve as anchors for a missing tooth or teeth or to stabilize a crown (cap), bridge or denture. I acknowledge that the doctor has explained the procedure, including the number and locations of the incisions and the type of implant to be used. I understand that the crown or bridge or denture that will later be attached to this implant will be made and attached by Dr. _____ and that a separate charge will be made by that office.
- ____ 4. I understand that the implant (s) must remain covered by gum tissue for at least three months before used and that a second surgical procedure is required to uncover the top of the implant. No guarantee can be or has been given that the implant (s) will last for a specific time period. It has been explained to me that once the implant is inserted, **the entire treatment plan must be followed and completed on schedule.** If the planned schedule is not carried out, the implant (s) may fail.
- ____ 5. I have been informed of possible alternative methods of treatment (if any), including:

I understand that other forms of treatment or no treatment at all are choices that I have and the risks of those choices have been presented to me.

- _____ 6. My doctor has explained to me that there are certain inherent and potential risks and side effects of any surgical procedure and in this specific instances such risks include, but are not limited to:
- _____ A. Post-operative discomfort and swelling that may require several days of at-home recuperation.
 - _____ B. Prolonged or heavy bleeding that may require additional treatment.
 - _____ C. Injury or damage to adjacent teeth or roots of adjacent teeth.
 - _____ D. Post-operative infection that may require additional treatment.
 - _____ E. Stretching of the corners of the mouth that may cause cracking and bruising
 - _____ F. Restricted mouth opening for several days; sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).
 - _____ G. Injury to nerve branches in the lower jaw resulting in numbness, pain or tingling of the chin, lips, cheek, gums or tongue on the operated side (s). These symptoms may persist for several weeks, months or in rare instances may be permanent.
 - _____ H. Opening into the sinus (a normal bony chamber above the upper back teeth) requiring additional treatment.
 - _____ I. Fracture of the jaw.
 - _____ J. Bone loss around implants.
 - _____ K. Implant or prosthesis fracture, or loss of the implant due to rejection by the body.
 - _____ L. Other: _____
- _____ 7. It has been explained to me that during the course of surgery unforeseen conditions may be revealed which will necessitate extension of the original procedure or a different procedure from that set forth in paragraph 2 above. I authorize my doctor and his staff to perform such additional procedures as are necessary and desirable in his professional judgment.
- _____ 8. I consent to the administration of anesthesia I have chosen, which is:
- Local
 - Local with oral pre-medication
 - Local with intravenous sedation
 - General Anesthesia
- _____ 9. Anesthetic risks include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage, or death.
- _____ 10. I understand that no guarantee can be promised and I give my free and voluntary consent for treatment.

My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved of the proposed surgery and anesthesia. I certify that I speak, read and write English.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness's Signature Date