



DENTAL IMPLANT SURGICAL CONSENT FORM

I, _____, have been informed and understand that dental implants are available to certain dental patients. These implants are titanium alloy dental implant screws that are placed in a patient's jaw to provide immediate and long-term stabilization of teeth. I am aware that these implants are being placed for the immediate and on-going stabilization of my dental prosthesis. I wish to undergo this procedure as a patient of Dr. R.A. Germain. I have requested Dr. Germain to place one or more dental implants into my jaw.

I have also been fully informed by Dr. Germain that the purpose of this dental implant procedure is to provide support for my jaw and to enhance function, and I hereby consent to the surgical insertion of long-term or mini-dental implants in my jaw by my clinician. I understand that in the event the dental implants implanted by Dr. Germain fail they will be removed through a subsequent surgical procedure. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implant's life cycle, and in event a fracture were to occur, I give Dr. Germain permission and consent to leave the fractured implant in my jaw or remove it, under professional conditions and using professional judgment. It has also been explained to me that once the implants are inserted or implanted, a recommended dental treatment plan, including a program of personal oral hygiene, must be strictly followed by me and completed on schedule. I have been informed that if this schedule and plan are not carried out, the implants may fail.

I am further aware that the surgical procedure includes the insertion of the dental implants in my jaw and possibly the construction of a prosthetic device. I am aware that I must return for the appropriate post-operative care and evaluation on a timely basis which will include evaluation of oral hygiene and plaque removal.

I also understand that function and comfort will be the primary goals of this dental procedure but that success rates of each patient vary. With that in mind, no guarantees of success have been give me by Dr. Germain or any member of his staff. He has also informed me that the use of tobacco, including cigarette smoking, as well as excessive alcohol consumption, can cause failure of dental implants.

I have further been advised that swelling, infection, bleeding and/or pain may be associated with any surgical procedure, including the one recommended to me by Dr. Germain, and that said conditions may occur during the life of the implants. I have also been advised that temporary or permanent numbness may occur in my tongue, lip(s), chin, gum, or jaw as a result of this procedure, as well as the possibility of sinus involvement in the upper jaw. Dr. Germain has discussed the possibility of alternative procedures for my individual needs and has offered to answer any of my questions concerning those procedures.

Having been fully informed of the above, I hereby knowingly consent to the recommended surgical procedures outlined to me by Dr. Germain and request him to place one or more as long-term dental implants into either my palate or between my teeth in my upper and lower jaw for the purpose of dental reconstruction and functional enhancement. I further give Dr. Germain my express permission to photograph the exterior and interior of my mouth and maxillofacial area for the purpose of clinical research, peer review and education in my jaw for the purpose of dental reconstruction enhancement.

I further state that I have carefully read this surgical consent form and understand the contents.

PATIENT'S SIGNATURE

PRINTED NAME

DATE

CERTIFICATION BY CLINICIAN

I, Dr. R.A. Germain, certify that I have explained to the above patient the ramifications of the use of long-term dental implants to the best of my professional ability. I further certify that in my opinion, the above patient is fully informed of the risks and possible benefits of the particular surgical procedure agreed to.

(Doctors's Signature)



PATIENT CONSENT FOR DENTURES, PARTIAL OR COMPLETE

I realize that immediate, full, or partial dentures are artificial, constructed of plastic, metal, and / or porcelain. The problems of wearing these appliances have been explained to me, including looseness, soreness, and possible breakage.

I understand wearing dentures is difficult. Sore spots, altered speech, and difficulty eating are common problems.

I understand the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be at the “teeth in wax” try-in visit.

I understand that most dentures require relining approximately 3 to 12 months after the initial placement. In the case of immediate dentures (placement of dentures immediately after extractions), several relines and considerable adjusting may be required, as well as a permanent reline. In some cases after several months a second denture may be needed, at an additional cost. I understand that the cost of any reline is not included in the initial denture fees.

Having read and considered all of the above, and have had all my questions answered to my satisfaction, I hereby give my informed consent for dentures, complete or partial by Dr. Germain.

Print Name

Date

Patient Signature

Date

Doctor Signature

Date



PRESCRIPTION INSTRUCTIONS FOR IMPLANTS

Take the following prescription as follows:

1. Ensure you have no allergies to any of the medications.
2. Take 3 tablets of the Serax (sedative) the night before your appointment and 3 tablets again 1 hour before your appointment time. Be sure to bring the remaining tablets with you to your appointment. Sedation is optional and to be discussed with the Dentist. You must not drive the day you take the sedative.
3. Take the Amoxicillin one hour prior to your scheduled appointment time or take Clindamycin if allergy to Penicillin. Continue to take as directed until completed.
4. Start the Decadron 30 minutes after your appointment take 1 ½ tablet the 1st, 1 tablet the 2nd day and ½ a tablet the 3rd day.
5. (Have available to take Ibuprofen 200 or 400 mg tablets – take Tylenol if unable to take Ibuprofen). Take 600 mgs Ibuprofen 30 minutes after your appointment time.

If you have any questions or concerns, please feel free to contact our office @ 604-826-2960



POST SURGICAL INSTRUCTIONS FOR IMPLANT SUPPORTED DENTURES

1. -Rest as much as possible.
2. -Be sure to eat. Calories are necessary to allow body energy to heal. We recommend the following: milkshakes, meal replacement drinks such as Boost or Ensure (do not use a straw), or soup.
3. -Take your pain medications when you get home (Ibuprofen 600-800mg every 6-8hrs or Tylenol 3 as needed.) Also make sure to continue taking antibiotics until finished as prescribed.
4. -Do not smoke or drink through a straw.
5. -Do not eat anything hard in the surgical area.
6. -Before bed gently rinse once with warm salt water. Starting the next day, 2-3 times a day, rinse with a mixture of 1 Tablespoon of salt in a glass of warm water for 2 weeks.
7. -Do not remove your denture. Be sure to keep wearing your denture until your next day follow-up appointment.

MAINTAINANCE OF SOFT DENTURE RELINE (VISCOGEL)

1. -Gently brush the reline.
2. -Leave the denture to soak in a mixture of 10 parts water to 1 part clear alcohol (Gin or Vodka).
3. -Call if any area is rubbing, this will not resolve on its own, and requires an adjustment.
4. -Please be advised that this is a temporary reline only. It is meant to help the fit of your denture while your gums and bone are healing. You may require additional temporary relines to aid in the fit and comfort at an additional fee.