Dental Implant Prosthesis Consent Form

Purpose and Nature of Treatment: Dental implants are used to provide stability, support, and/or retention for a crown, bridge, or denture in areas where natural teeth are missing. Based on clinical examination and discussion, I have elected to proceed with the fabrication of an implant-supported prosthesis. I authorize my dentist to make modifications in the prosthetic design, materials, or treatment plan if, in their professional judgment, such changes are necessary for optimal function, esthetics, or long-term success. The proposed prosthesis type has been explained to me and may include:

☐ **Fixed Prosthesis (FP-1):** Similar in size and shape to natural teeth
☐ **Fixed Prosthesis (FP-2):** Slightly longer or hypercontoured
☐ **Fixed Prosthesis (FP-3):** Incorporating both tooth color and pink (gum tissue) material
☐ **Removable Prosthesis (RP-4):** Overdenture supported only by implants
☐ **Removable Prosthesis (RP-5):** Overdenture supported primarily by soft tissue (upper- full palate)

Treatment Explanation: I have been informed of the purpose, nature, benefits and sequence of the implant restorative procedures required to restore implants. I understand what is necessary to complete the restoration and have had the opportunity to ask questions regarding the treatment.

Alternative Treatment Options: Alternative options have been discussed, including removable dentures, fixed bridges, or no treatment. I have considered these options and elect to proceed with an implant-supported prosthesis. No guarantees have been made regarding treatment outcomes, longevity, or function.

Risks and Potential Complications: I understand that, as with all dental procedures, complications may occur. Possible risks include, but are not limited to:

* **Esthetic or functional concerns:** Inadequate bone or soft-tissue support may affect the appearance or support of the lips and cheeks.
* **Speech or hygiene issues:** Space beneath the prosthesis may allow air or food to pass through, affecting speech or trapping debris.
* **Removable prosthesis complications:** Sore spots, food entrapment, wear of attachment components, replacement of attachments, or temporary speech adaptation difficulties.
* **Mechanical complications:** Grinding or clenching (bruxism) may lead to loosening or fracture of screws, porcelain, metal, or acrylic, or even implant failure.
* **Biologic complications:** Bone loss around implants, soft-tissue inflammation, or infection may occur and could result in implant loss.

If complications arise, additional treatment may be necessary, which may include repairs, adjustments, occlusal guards, or implant replacement at additional cost.

Treatment Limitations and Outcomes: I understand that the practice of dentistry is not an exact science. Consequently, individual results may vary, and no specific outcome can be guaranteed.

Maintenance and Follow-Up Care: I understand that proper home care and regular professional maintenance are essential to the long-term success of dental implants. I agree to return for periodic maintenance visits and evaluations as recommended by my dentist, to maintain excellent oral hygiene at home, and to promptly report any discomfort, loosening, or fracture of the implant or prosthesis. I further understand that neglecting proper care may lead to implant or prosthesis failure. I accept financial responsibility for ongoing maintenance, which may include professional cleanings, replacement of attachment components, radiographic evaluations, and periodic examinations.

Adaptation and Patient Awareness: I understand that adapting to a new implant prosthesis may take several months to one year. During this adjustment period, I may experience temporary changes in speech, chewing, and overall comfort. Speech may require conscious practice or specific exercises to aid adaptation. Chewing sensations may feel different since implants lack the natural proprioception, or 'feeling,' of natural teeth, requiring time to adjust to bite force and awareness. Minor esthetic or comfort adjustments are normal, and gradual adaptation is to be expected over time.

Authorization for Additional Procedures: If unforeseen conditions arise during treatment that require modification or additional procedures, I authorize my dentist and their team to take appropriate action, including postponing or discontinuing treatment if, in their professional judgment, it is in my best interest

Acknowledgment and Consent: I have read and fully understand this consent form. All questions have been answered to my satisfaction. I understand the nature, purpose, risks, and alternatives of the proposed treatment and consent to proceed.

Patient Signature: _____ **Date:** _____

Doctor Signature: _____ **Date:** _____