

INFORMED CONSENT TO PERFORM PERIODONTAL SURGERY

Second Surgical Procedure:

For implants requiring a second surgical procedure, the overlying tissues will be opened at the appropriate time and the stability of the implant will be verified. If the implant appears stable, an attachment will be connected to the implant(s). Plans and procedures to create an implant crown or appliance (by your restorative dentist) can begin after your gum tissue has healed

I, the undersigned, give permission and consent to perform the following procedure(s):

Healing Abutment site # _____

And understand that certain risks and consequences exist which include but are not limited to:

1. Post operatively I can expect some pain, swelling, discoloration of the face and/or bleeding. Swelling may occur for several days after surgery.
2. Local anesthetic reactions may occur for several days after surgery. Although rare-this could include numbness, swelling, pain, infection, abnormal reactions or allergy that may adversely affect health.
3. Numbness may occur in the region of surgery, gums, lip or tongue. This is usually temporary condition, but cases may be permanent.
4. Infection is uncommon but may occur. Antibiotics may be needed post operatively.
5. Damage to adjacent teeth or restorations may occur.
6. Temporomandibular joint dysfunction (the jaw joint may not function) may occur.
7. Any complications will be treated here or you will be referred to the appropriate specialist if additional treatment is need.

I am aware that the practice of Dentistry is not an exact science that the very nature of the treatment and my uniqueness as an individual require that no predications can be made. I acknowledge that no guarantees have been made to me. I believe it is in my best interest to proceed with my chosen treatment. I have had ample opportunity to ask any questions I might have and have had them answered to my satisfactions. I agree to abide by the doctor's post-operative instructions and that my failure to properly care for my oral health may lead to further complications. I have had the opportunity to discuss with the doctor my overall health and medical history. I accept the risks of subsequent harms, if any, in hopes of obtaining the desired beneficial results of this treatment.

The risks involved with anesthesia and the procedure itself have been fully explained to me and I do give my free voluntary informed consent to same.

Signature of patient or person authorized to consent

Date