



Greenwoods™

Dental & Surgical Centres

★ 693 McPhillips Street, Winnipeg, Manitoba R2X 2H6 (204) 774-7774 Fax (204) 633-1143

249½ Henderson Highway, Winnipeg, Manitoba R2L 1M3 (204) 775-7775 Fax (204) 667-6229

246 Portage Avenue, Winnipeg, Manitoba R3C 0B1 (204) 779-7779 Fax (204) 594-5768

1531 Pembina Highway, Winnipeg, Manitoba R3T 2E5 (204) 221-2221 Fax (204) 504-5111

1462 Regent Avenue West, Winnipeg, Manitoba R2C 3A8 COMING SOON

1128 Richards Street, Vancouver, BC V6B 3E6 (604) 566-7666 Fax (604) 566-7660

First Name

Last Name

Date of Birth

I have been informed during my consultation about my proposed implant treatment including the nature of implants, implant surgery, risks of treatment, prosthodontic treatment and about alternatives to this treatment, which includes no treatment.

- 1. Implant Success**

I understand that for implants to be successful, they normally must bond to the jawbone (osseointegrate). It has been explained to me that implants are not 100% successful and that the success and failure of my implant(s) will determine the final design of the restoration(s) placed in my mouth.
- 2. Treatment**

I understand the initial surgical procedure involves placing the implant(s) into the jawbone and gums and soft tissue will be sutured over or around the implant(s). Local anesthetic and sedation will probably be utilised during surgery. The area will be allowed to heal for 2-4 months or more. I understand that I will avoid wearing my partial or denture until the surgeon and restorative dentist decides the healing is adequate to refit the partial or denture with a soft liner. This is usually 1-2 weeks after the surgery. After the healing period, a second procedure is performed to attach extensions (abutments) onto the implants that will support the restoration(s). Local anesthetic may be used for this procedure. During this procedure, when the abutment(s) are installed, a provisional (temporary) restoration is placed. The final prosthodontic treatment (resulting in delivery of the final crown, bridge or overdenture) may require several appointments until the restoration(s) are complete.
- 3. Alternatives**

I have considered the following alternatives to dental implant treatment: 1. No treatment 2. Construction of conventional complete or partial denture(s) 3. Tooth replacement with conventional bridgework supported by my remaining natural teeth (if possible).
- 4. Risks**

I have been informed and understand that the risks of no treatment include, but are not limited to: continuing use of removable partial or complete dentures with associated potential for discomfort and shrinkage of the jawbones, which would require periodic relining or remaking of the denture(s); periodontal disease which could lead to the loss of teeth if not treated; and tooth decay which could also lead to the loss of teeth if not treated.

I understand that surgical risks include, but are not limited to: infection, bleeding, discomfort, bruising, damage to the nerve that gives feeling to the lower lip, which could result in numbness or tingling or other sensations in the lower lip or tongue, jaw joint injuries or associated muscle spasm, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and an increase in space between them, soft tissue overgrowth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact speech, allergic reactions, injury to teeth, bone fractures, bone loss, nasal sinus penetrations, delayed healing, and accidental swallowing of foreign matter, or loss of one or more implants. The exact duration of any complications cannot be determined, and they may be irreversible.

I understand that prosthodontic risks include, but are not limited to: failure of an implant to become attached to the bone (failure to osseointegrate), fracture of the restoration and/or implant components, wear of the restoration requiring remake or repair, compromised esthetic or functional outcome as a result of implant loss or less than ideal angulation or position of the implant(s).

I understand that failing implants would require surgical removal and may require additional prosthodontic procedures or the subsequent placement of additional implant(s). This procedure may include additional fees.



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No guarantee or warranty of any kind has been made to me that the proposed implant treatment will be 100% successful or that the final restoration(s) will be totally successful from a functional or esthetic (appearance) standpoint. I understand that no medical or dental procedure is totally predictable, and that this includes treatment with dental implants. I also understand that the long-term success of my proposed implant treatment requires that I perform the necessary oral hygiene procedures as directed and that I return for scheduled followup appointments and x-rays as recommended with the doctors involved.

I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and dental education. My identity will not be revealed to the general public.

I have had an opportunity to read this form and consent to the placement of the implants in my mouth and the necessary surgical procedures, which may include supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby assist in placement, closure, and security of my implants, and the subsequent prosthodontic procedures for the restoration of my implants. I have been fully informed of the nature of implant surgery and prosthetic restoration, the alternative treatments available and the necessity for follow-up care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my surgical/restorative implant team.

Patient / Guardian Signature

Date

Surgeon's Signature

Date

Restorative Dentist's Signature

Date

Witness' Signature

Date