

**Half Moon Implantology Partnership
1-3, Half Moon Lane,
Herne Hill,
London
SE24 9JU**

Chris Sproat BDS BSc Hons FDS RCS MBBS Hons & David Crosbie BDS

IMPLANT INFORMATION AND CONSENT

1. It has been explained to me all the options available to me regarding my missing tooth, namely to do nothing and to accept the space, to have a removable denture, to have a fixed bridge placed or to have an implant. The advantages and disadvantages of each have been explained to me. I have chosen to have an implant.
2. I have discussed with Dr. Sproat & Mr. Crosbie concerning the specific type of implant system that will be used. I have been informed of the advantages and disadvantages of this system and the intended purpose for implants.
3. The implant system to be used is the Straumann ITI system as described by Dr. Sproat & Mr. Crosbie.
4. I consent to the use of bovine bone grafting material should this prove necessary at the time of surgery. I accept that this may lengthen the time between subsequent visits to allow the graft materials success to be ascertained. I accept that the success of the grafting material varies from patient to patient. The graft material is derived from animal source and I have no objection to this.
5. I have further been informed of all possible risks and complications associated with the surgical procedures. These complications include, but are not limited to, full or partial/temporary or permanent numbness of the lip, gum tissue or teeth, injury to adjacent teeth, sinus penetration, infections, pain, sensitivity, delayed healing of the surgical site and bruising of the facial tissue.
6. I understand if no treatment is rendered at this time, any of the following may occur : further loss of bone (making it impossible to place implants in the future), continued irritation and inflammation of gum tissue, sensitivity, loosening or infection of teeth, followed by the necessity for extractions or improper chewing function due to missing natural teeth.
7. I understand that **smoking, alcohol or increased sugar consumption** will affect tissue healing negatively and will alter the prognosis of the implants after placement.
8. I understand that implants, once placed, require continued maintenance, supervision and thorough cleaning. Regular visits with a hygienist to this end will be required. I understand that insufficient oral hygiene will compromise implant prognosis and could result in failure.
9. I have been informed and understand that implant surgery is a complex and intricate procedure and the results are unpredictable. There were no guarantees or assurances as to the outcome of treatment or surgery. It has been explained that **failures do and have occurred**.
10. The type of anaesthesia I have agreed to is local anaesthetic. In addition I have agreed to intra-venous sedation with Midazolam. I will eat a light meal before and avoid alcohol for 24 hours prior to the procedure. I will not drive, operate mechanical or

electrical equipment, drink alcohol or sign any important documents for 24 hours following administration of the sedative agent. I have arranged for a suitable escort to stay with me during the procedure and take me home to recuperate following the surgery.

11. There are certain complications associated with the sedative agent which include: irritation, resulting in inflammation of the vein (phlebitis), nausea, vomiting, coughing, oversedation or prolonged drowsiness.
12. I consent to photography, filming or x-rays of the procedure for necessary documentation, provided my identity will not be revealed.
13. I request and authorise the services that will be necessary for the placement of osseointegrated implants and understand that conditions may change which will require additional or alternative treatments. I approve any modifications of design or treatment, if in the doctor's judgement, it is necessary and in my best interest.

C. Sproat

D. Crosbie

Patient

Witness

Date