

Consultation and Consent for Implant Placement

Name: _____ Date of birth: _____

Information **Implant Placement** provided on: _____

Local Anesthesia	informed & consented
The procedure is performed under local anesthesia. You remain awake but do not feel any pain in the treatment area. EFFECT: Numbness of tooth, lip, cheek, or tongue for approx. 1-4 hours. POSSIBLE RISKS: Bruising, swelling, infection or pain at the injection site, (temporary) sensory disturbance, circulatory reactions (e.g. palpitations), very rarely allergic reactions and needle injuries to nerve structures. IMPORTANT AFTER THE PROCEDURE: Do not bite your lip or tongue; avoid hot food/drinks until the numbness has worn off. Please inform us about allergies, pre-existing conditions, or medications.	

Information About the Surgery

Before implant placement, the bone is measured using X-ray imaging (OPG - two-dimensional and CBCT - three-dimensional)	
Before implant placement, you will receive infusions (see information "Infusions"), including antibiotics such as aminopenicillin + clavulanic acid (amoxiclav) or clindamycin, depending on allergies	
For implant placement, a soft tissue incision and a bone drilling must be performed	
The implant is inserted into the bone using torque-controlled screwing	
To improve wound healing, the wound is treated with ozone and PRF (platelet-rich fibrin) and sutured	
After implant placement, an X-ray check is required to verify the positions of the implants	
During the healing phase, the implant should not be loaded	
The healing period is approx. 4-6 months	
After healing, impressions of both jaws are taken to fabricate the prosthetic restoration; the final prosthesis is manufactured by the dental laboratory within two weeks	

Other Procedures and Alternatives

Alternatives to an implant: a fixed bridge or a removable prosthesis (denture)	
Alternative to a zirconia implant: a titanium implant (issue: possible immunological intolerance to titanium)	

Side Effects and Complications

Implants carry the medical risk of failure to integrate (possible loosening / loss of the implant before restoration with a crown / bridge) or the need for re-tightening, or re-implantation	
Smoking impairs implant healing; even after healing, smoking may lead to earlier implant loss; the same applies to excessive alcohol consumption	
Very rare: Implant fracture (breakage of the implant after prosthetic restoration due to functional overloading or trauma)	
Maxillary implants: Possible perforation of the maxillary sinus. For 2 weeks: no nose blowing, no flying or diving, no physical exertion (no sports, no heavy lifting). Rare complication: sinus infection - may require several days of antibiotic therapy.	
For implants in the lower jaw: possible injury to nerves; consequence: numbness of the lower lip, tongue, cheek, chin (usually reversible - very rarely irreversible)	

Important Notes

A therapeutic success of implantological treatments cannot be guaranteed.	
Coverage of costs by health insurance / aid schemes cannot be guaranteed - please submit a cost estimate to your insurer in advance.	

Confirmation of the Consultation

- ☐ A detailed consultation between the dental practitioner and myself took place on _____.
I have read and understood the information and documentation form, which reflects the content of the consultation.
I was able to ask all questions during the consultation, e.g. about specific risks, possible complications, and alternative treatments. All questions were answered completely and in an understandable way by the dental practitioner.
- ☐ I have received, or have been sent, a copy of this form for my own records.

Dentist's / Dental assistant's signature

Patient's signature