

PROSTHODONTIC TREATMENT INFORMATION, DISCUSSION OF POTENTIAL RISK AND PROBLEMS AND INFORMED CONSENT FOR:

This booklet has been prepared by Dr. _____ to familiarize you with facts about prosthetic treatment. Please read it and write any questions in the margins, so you can discuss them with Dr. Al-Faraje.

Please bring this booklet with you to your appointments. Before any treatment is started, you will be asked to sign a statement that you have read and understand this information, and have had the opportunity to have all your questions answered.

INTRODUCTION:

The following information is routinely discussed with the patients considering prosthodontic treatment in our office.

While recognizing the benefits of a pleasing smile and well functioning teeth, you should also be aware of the prosthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These risks and limitations seldom contraindicate treatment: however they should be considered in making your decision to have prosthodontic treatment.

Treatment of human biologic conditions will never reach a state of perfection despite technological advancements; problems can occur. This pamphlet is intended to inform you of some of the potential problems of prosthodontic treatment. Many of the problems mentioned occur only occasionally or rarely. There may be other inherent risks not discussed in this brochure. Prosthodontic treatment usually proceeds as planned: however, like all other healing arts, results cannot be guaranteed.

I read and understand the above sections _____

INITIAL DIAGNOSTIC PROCEDURES

Diagnostic procedures help formulate treatment recommendation. When appropriate these procedures may include:

1. Medical and dental history,
2. Physical examination of the mouth and associated structures,
3. X-rays,
4. Models of the teeth and/or associated structures,
5. Photographs
6. Conference with previous or current treating health professionals.

Additional diagnostic procedures may be indicated.

I read and understand the above sections _____

I have been informed and understand that occasionally there are complications of surgery, drugs and anesthesia including, but not limited to:

1. Pain, swelling and postoperative discoloration of face, neck, and mouth.
2. Numbness and tingling of the upper lip, teeth, gums, check and palate, which may be temporary or rarely and permanent.
3. Infection of the bone that might require further treatment, including hospitalisation and surgery.
4. Mal –union, delay union, or non-union of the bone graft replacement material to the normal bone.
5. Lack of adequate bone growth into the bone graft replacement material.
6. Bleeding which may require extraordinary means to control hemorrhage.
7. Limitations of jaw function.
8. Injury to teeth.
9. Referred pain to the ear, neck and head.
10. Postoperative complications involving the sinuses, nose, nasal cavity, sense of smell, infraorbital regions, and altered sensations of the check and eyes.
11. Postoperative unfavorable reactions to drugs, such as nausea, vomiting and allergy.
12. Possible loss of teeth and bone segments.

Although unlikely, it is possible that the graft material will not take and not attach to normal bone. The graft may be loose, and the gum tissue may ulcerate over the graft. If this occurs the graft material will need to be removed. Further surgery, including mucosal or skin grafts, may be needed to repair lost mouth tissue.

After surgery, there will be certain amount of discomfort and swelling. I understand that I will need to be on a liquid to a very soft diet for two to three weeks.

I agree to keep my teeth and mouth meticulously clean. I also agree to keep all post-operative appointments and check-ups as required by my doctor.

I give my permission for Dr. _____ to photograph and video this operation for purposes of education, teaching and publishing.

Knowing the above facts, I freely give my consent to Dr. _____ to perform a synthetic bone graft to my upper jaw.

Signature of patient

Date

Signature of doctor or witness

Date