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Surgical consent form for Mini Dental Implants (MDI)

I _____ agree to the following terms and conditions:

I understand that Mini Dental Implants require a minimally invasive surgical procedure with a local anesthetic and that I may experience moderate pain for a few days afterwards. Mini Dental Implants are small diameter (1.8mm, 2.1mm, 2.4mm) titanium alloy dental implant screws that are placed in a patient's jaw to provide stabilization of the jaw bone and to help retain a dental prosthesis (Denture). The long term function of the Mini Dental Implants cannot be predicted. Swelling, infection, bleeding, and or pain may be associated with the surgical procedure, and said conditions may occur during the life of the implants. Temporary or permanent numbness (parasthesia) may occur in my tongue, lips, chin, gum or jaw as a result of the surgery. All implant systems (as well as natural teeth) are subject to potential failure due to natural causes and personal habits, including but not limited to osteoporosis, surrounding jaw bone not integrating with the implants, poor oral hygiene, wear and tear attrition, poor health, heavy stressful biting habits (bruxing), nicotine use, alcohol abuse, and lack of follow-up dental maintenance care. Mini Dental Implants do not carry any actual or implied guarantee of longevity. Case failures are extremely rare, but any replacement will incur the prevailing fee. If a mini implant or implants fail then my Denture may need to be relined or remade and the attachment housing(s) replaced at the prevailing fee. **Initial** _____

As with all dental procedures, there is a short adjustment period during which time the patient becomes comfortable placing and removing the denture. Typically, this involves removal of the denture in the morning, evening, and after meals, brushing the gums and implant area with a soft toothbrush and rinsing/swishing with peridex (prescription mouth rinse). The denture should be rinsed and cleaned at this time. There are also special gels and mouth rinses available. The O-rings in the denture attachment area will need to be replaced as they wear and loose resiliency. After the mini implants are implanted it is important to make a maintenance appointment on a yearly basis. There is a nominal charge for this maintenance visit. If your oral hygiene regimen and yearly maintenance appointments are not carried out, the implants may fail. **Initial** _____

I have been fully informed that the purpose of this dental implant procedure is to provide support for my jaw and to enhance the function and help retain my dental prosthesis (Denture). I understand that in the event that the Mini Dental Implants fail they may be removed through a subsequent surgical procedure for a nominal fee. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implant's life cycle, and if a fracture occurs, I give permission to leave the fractured implant stump in my jaw or to have it removed dependent on the professional judgement of my Dentist. **Initial** _____

I am aware that I must return for appropriate post operative care and evaluation on a yearly basis which will include evaluation of my oral hygiene and plaque removal. I also understand that function and comfort will be primary goals of this dental procedure but that success rates of each patient vary. With that in mind, no guarantees of success have been given to me. **Initial** _____

Having been fully informed of the above, I hereby knowingly consent to the recommended surgical procedures and request that one or more Mini Dental Implants be inserted into my jaw for the purpose of dental reconstruction and functional enhancement. I further state that I have carefully read this surgical consent form and understand its contents.

Signature _____ **DATE:** _____ **Witness** _____ **Dr:** _____