



**Newark Smiles Informed Consent for Surgical Placement of Dental Implants  
Dr. Shayer Shah, D.D.S.**

**General Considerations**

Implants are cylindrical titanium posts that are inserted into the jawbone. With proper healing, the implants become rigidly anchored in the bone and provide a solid foundation to which crowns, bridges or dentures can be affixed. A gentle surgical technique is employed in the office to place the implants. The surgery involves incision of the soft tissue, placement of holes in the jawbone and insertion of the implants into the holes. The soft tissue is then closed over the implants with stitches. After such a procedure, you can expect several days of discomfort, oozing of blood, swelling, limitation of jaw movement and bruising.

**Surgical Risks**

Occasionally, placing implants in the lower jaw results in a prolonged sensation of numbness in the lower lip, chin, teeth and/or tongue on the treated side. It is also possible for implant placement in the upper jaw to result in a prolonged sensation of numbness to the cheek. In both cases, the numbness is usually temporary. On some occasions, it may last for weeks or months. On rare occasions, the numbness may be permanent. Gum ulceration or infection at the implant site may also occur. If so, it is very important to notify the office so that appropriate care can be instituted.

**Adverse Effects**

Failure of adequate bone to implant surface healing and subsequent loss of the implant and dental restoration are possible occurrences after surgery. Some potential causes for loss of anchorage include poor bone quality, infections, poor oral hygiene, poor patient cooperation with prescribed post-operative care and generalized diseases, such as diabetes. In order to maximize the chance for proper bone to implant healing, the implants must remain undisturbed during the initial healing phase. To accomplish this, your mouth must be kept clean and you should avoid the use of tobacco products and heavy consumption of alcohol. It is also imperative that the implants not be subjected to any forces. (e.g. biting forces)

**Patient's Statement**

I have read and understand the information given to me about the placement of dental implants. I have taken this information into consideration and willingly give my consent to Dr. Shah to perform the surgery explained to me and planned in my chart. I also agree to cooperate with the prescribed post-operative care. I have received a copy of this consent form. If I have any questions or concerns regarding my care, I can call Dr. Shah at the office or (614) 668-9794. (cell).

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**Patient Signature**

**Date**

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**Witness**