Informed Consent For Implant & Implant Related Procedures With Dr. Koos D.D.S., M.D (Page 1 of 3)

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing

Patient's Name: ____ Date:___________________________

____ 1. I request and authorize Dr. Koos and his assistants to perform the surgical placement of dental implants upon me. This has been recommended to me by my dentist and/or Oral and Maxillofacial Surgeon as an option to replace my natural teeth. Dental implants are metal anchors put inside the jawbone underneath the gumline. Small posts are attached to the implants, and artificial teeth or dentures are fastened to the posts. Many patients need two surgical procedures to install the implants. The first procedure involves drilling small holes into the jawbone and placing the anchors. A temporary denture may be worn for a few months while the anchors bond with the jawbone and the gums and bone heal. The second procedure will uncover the implants to allow for attachment of the posts. After the posts are in place, the replacement teeth, in the form of a fixed or removable bridgework or denture, are fastened to the posts. Depending upon the condition of the mouth, bone grafting or guided tissue regeneration may also be necessary to install the anchors and posts. The potential benefits of this procedure include the replacement of missing natural teeth or supporting dentures.

____ 2. I have chosen to undergo this procedure after considering the alternative forms of treatment for my condition, which include no treatment at all, complete or partial dentures, or fixed or removable bridges. Each of these alternative forms of treatment has its own potential benefits, risks and complications.

____ 3. I consent to the administration of anesthesia or other medications if recommended by the doctor before, during or after the procedure. I understand that all anesthetics or sedation medications involve the very rare potential of risks or complications such as damage to vital organs like the brain, heart, lungs, liver and kidneys; paralysis; cardiac arrest; and/or death from both known and unknown causes.

____ 4. I understand that there are potential risks, complications and side effects associated with any oral surgery procedure. Although it is impossible to list every potential risk, complication and side effect, I have been informed of some of the possible risks, complications and side effects of dental implant surgery. These could include but may not be limited to the following:

- Postoperative discomfort and swelling
- Bleeding
- Postoperative infection
- Injury or damage to adjacent teeth or roots of the teeth
- Injury or damage to nerves in the lower jaw, causing temporary or permanent numbness and tingling of the chin, lips, cheek, gums or tongue
- Restricted ability to open the mouth due to swelling and muscle soreness or stress on the joints of the jaw (TMJ temporomandibular joint)
- Fracture of the jaw
- Bone loss of the jaw
- Penetration into the sinus cavity
- Mechanical failure of the anchor, posts or attached teeth
- Failure of the implant itself
- Allergic or adverse reaction to any medications

____ 5.Most of these risks, complications and side effects are not serious or do not happen frequently. But although these risks, complications and side effects may occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the Oral & Maxillofacial Surgeon performing the procedure. Although most procedures have good results, I acknowledge that no guarantee has been made to me about the results of this procedure or the occurrence of any risks, complications and side effects. These potential risks and complications could result in the need to repeat the procedures; remove the implants; or undergo additional dental, medical or surgical treatment or procedures, hospitalization, or blood transfusions. Very rarely, the potential risks and complications could result in permanent disability or death. I recognize that during the course of treatment, unforeseeable -

- conditions may require additional treatment or procedures. I request and authorize my Oral & Maxillofacial Surgeon and other qualified medical personnel to perform such treatment or procedures as required.

____6. I consent to the administration of anesthesia, including local, intravenous, inhalation, and/or general anesthesia in conjunction with the procedure(s) referred to above and to the use of such anesthetics as may be deemed advisable by Dr. Koos and his associates or assistants. I understand that all anesthetics or sedation medications involve the very rare potential of risks or complications such as damage to vital organs like the brain, heart, lungs, liver and kidneys; paralysis; cardiac arrest; and/or death from both known and unknown causes.

____7. Medication, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile or hazardous devices, or work, while taking such medications and/or drugs until fully recovered from the effects of the same. I understand and agree not to operate any vehicle or hazardous device for at least twenty-four hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery.

____8. No guarantee or assurance has been given to me that the purposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective re-treatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that therapy would be helpful, and that worsening of my condition could occur without the recommended treatment.

____9. I have had the opportunity to discuss with the doctor my past medical and health history including any serious problems and/or injuries.

____10. I agree to cooperate completely with the recommendations of the doctor while I am under his care, realizing that lack of the same could result in a less than optimum result.

____11. I agree to grant consent to any and all additional procedures necessary, either elective or emergent, that may arise during or after my surgery, while I am physically unable to grant consent due to anesthesia or impairment, in order to complete treatment or to treat a complication that has arisen during surgery or anesthesia.

____12. The fee for services has been explained to me and is satisfactory.

____13. I certify that I have read or had read to me the contents of this form. I have read or had read to me and will follow any patient instructions related to this procedure. I understand the potential risks, complications and side effects involved with any oral surgery treatment or procedure and have decided to proceed with this procedure after considering the possibility of both known and unknown risks, complications, side effects and alternatives to the procedure. I declare that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

____14. I request and authorize medical/dental services for myself, including dental implants and other surgery. I fully understand the contemplated procedure, surgery, or treatment conditions that may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modifications in design, materials, or care, if it is felt this is for my best interest. If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated I further authorize and direct my doctor, associate or assistant, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the procedure.

____15. I consent to photography, filming, recording, x-rays, and additional professional staff observing the procedure to he performed for the advancement of implant dentistry, provided my identity is not revealed.

Informed Consent For Implant & Implant Related Procedures With Dr. Koos D.D.S., M.D (Page 3 of 3)

____16. I certify that I speak, read and write English and as such, have read and fully understand this consent for surgery.

Patient's (or Legal Guardian's) Signature:_________________________________ Date:___________________

Doctor's Signature:____________________________________ Date:____________________

Witness' Signature:____________________________________ Date:____________________