CONSENT FORM · IMPLANT

Consent for Dental Implants

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME	DATE OF BIRTH	PATIENT NUMBER

TOOTH, TEETH OR AREA	TREATING CLINICIAN	DATE

SECTION 1

About your treatment

A dental implant is a small titanium or zirconia post placed in the jawbone to replace the root of a missing tooth. Once it has healed, it supports a crown, a bridge or a denture.

An implant replaces the root of a missing tooth. We plan each case with a CBCT 3D scan so we can see the height and width of your bone, the position of nerves and the sinuses, and choose the right size and angle of implant. Where it helps, we use a guided surgery template made from your scan.

The implant is placed under local anaesthetic, with sedation if you would like it. Over the next two to four months the bone bonds to the implant surface (osseointegration). We then fit an abutment and a custom crown, or an implant bridge if several teeth are being replaced. Implants need daily cleaning and regular reviews to stay healthy over the long term.

What happens

STEP	WHAT IT INVOLVES
1. Consultation and planning	We examine your mouth, discuss your options, take a CBCT 3D scan and digital impressions, and give you a written plan with costs.
2. Preparing the site	If needed, we treat gum disease, remove a failing tooth or add bone graft first so the implant has a healthy foundation.
3. Placing the implant	Under local anaesthetic, we place the implant into the bone, often using a guide made from your scan. Most appointments take about one hour per implant.
4. Healing	The bone bonds to the implant over about two to four months. You may wear a temporary tooth during this time.
5. Fitting your new tooth	We take a scan of the implant and fit a custom abutment and crown or bridge, checking the bite and the look carefully.
6. Maintenance	We review the implant at one year and then at your routine visits, with hygiene appointments to keep the gum and bone healthy.

SECTION 2

Expected benefits

- Replaces a missing tooth without cutting down the neighbouring teeth.
- Feels stable when you eat and speak, with no loose plate to remove.
- Helps maintain the bone where the tooth was lost.
- Can look natural, with a crown matched to your own teeth.
- With good care and regular reviews, implants can last for many years.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Discomfort, swelling and bruising	Common for a few days after surgery. Usually managed with paracetamol or ibuprofen and cold compresses.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Infection	Uncommon. Signs include increasing pain, swelling or a bad taste. It may need antibiotics or further treatment.	Uncommon
Implant not integrating	Sometimes the bone does not bond to the implant. This is uncommon but more likely in smokers and people with poorly controlled diabetes. The implant can usually be removed and, after healing, replaced.	Uncommon
Nerve injury	In the lower jaw, the nerve to the lip and chin runs close to where implants are placed. Careful 3D planning reduces the risk, but numbness or tingling of the lip, chin or tongue can occur. This is rare and usually temporary, but can occasionally be permanent.	Rare
Sinus involvement	Upper back teeth sit near the sinus. An implant can occasionally enter the sinus, which may cause sinus symptoms and need further treatment.	Rare
Aesthetic changes in front teeth	In the front of the mouth the gum may shrink over time, showing a grey edge or a longer looking tooth. Thin gums and bone loss make this more likely, and grafting may be needed.	Uncommon
Peri implantitis	Inflammation of the gum and bone around an implant, similar to gum disease. It is more likely with smoking, a history of gum disease, diabetes and poor cleaning. It can lead to bone loss and, if untreated, loss of the implant.	Uncommon
Component wear or breakage	Over the years, screws can loosen and crowns can chip or wear. These parts can usually be tightened, repaired or replaced, and there will be a cost.	Uncommon
Damage to neighbouring teeth	Rarely, a nearby tooth root can be affected during placement, which may need treatment.	Rare

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No treatment**: you can leave the gap. Neighbouring teeth may drift or tilt, the opposing tooth may overgrow, and bone in the area will slowly shrink, which can make future implant treatment harder.
- **A bridge** fixed to the neighbouring teeth. It is quicker and avoids surgery, but those teeth need to be shaped for crowns.
- **A denture**: a removable plate with one or more teeth. It is the least invasive and lowest cost option, but can feel less stable.
- **A resin bonded bridge**, attached to the back of a neighbouring tooth with minimal preparation, where the bite allows.

SECTION 5

Costs

ITEM	GUIDE FEE
CBCT 3D scan	£250
Single implant placement	£2,000
Implant, abutment and crown complete	£3,500
Bone graft	from £600
Sinus lift	from £1,200
Implant bridge	Quoted at consultation
IV sedation	£350 per hour

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £	PLAN REFERENCE	ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

Your consent

Please initial each statement you agree with.

I understand that implant treatment involves surgery and that healing usually takes two to four months before the final tooth is fitted.	☐
I understand that an implant may fail to bond with the bone and that, if this happens, it may need to be removed and replaced.	☐
I understand that there is a rare risk of nerve injury, which can cause numbness or tingling of the lip, chin or tongue, and that this may occasionally be permanent.	☐
I understand that smoking and poorly controlled diabetes increase the risk of failure and peri implantitis.	☐
I understand that in the front of the mouth the gum may change over time and the appearance may alter.	☐
I understand that I will need to clean around my implant every day and attend regular reviews and hygiene visits for the long term.	☐
I understand that crowns, screws and other parts can wear or break and may need repair or replacement at further cost.	☐
I have been told about the alternatives, including no treatment, a bridge and a denture, and I have had the chance to ask questions.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐
I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 8

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.