CONSENT FORM · IMPLANT

Consent for Implant Overdentures and Bars

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

An implant overdenture is a removable denture that clips onto two or more implants, using locator attachments or a bar. It is much more stable than a conventional denture and still comes out for cleaning.

Two to four implants are placed in the jaw, most often the lower jaw. Once they have healed, your denture is fitted with small attachments that clip onto the implants. These can be individual locator attachments on each implant, or a custom metal bar joining the implants, with clips in the denture that hold onto the bar.

You remove the denture every day to clean it and the attachments. The nylon inserts or clips wear with use and need replacing from time to time, and the denture may need relining as the gums change. These are normal maintenance items.

What happens

STEP	WHAT IT INVOLVES
1. Consultation and planning	We assess your mouth and current denture, take a CBCT 3D scan and agree the number and position of implants.
2. Implant placement	Under local anaesthetic, with sedation if you wish, we place the implants. Your existing denture is softened and adjusted so you can wear it while you heal.
3. Healing	The implants bond with the bone over about two to four months.
4. Connecting the denture	We fit locator abutments or make and fit a custom bar, and fix the matching inserts or clips into a new or existing denture.
5. Learning to use it	We show you how to put the denture in, take it out and clean it, and adjust it for comfort.
6. Maintenance	We check the implants, attachments and fit regularly, replacing inserts and relining when needed.

SECTION 2

Expected benefits

- A denture that stays in place much better when eating and speaking.
- Fewer implants and a lower cost than full arch fixed teeth.
- Easy to remove and clean, which helps if your dexterity changes in later life.
- Can often use fewer implants than a fixed bridge and may avoid bone grafting.
- Reduces the need for denture adhesive.

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
Clip and insert wear	The nylon inserts or bar clips wear with daily use, so the denture becomes looser. This is expected, and they are replaced, often every six to twelve months.	Common
Sore spots	The denture may rub in places, especially at first. These are easily adjusted.	Common
Need for relines	The gums and bone under the denture change over time, so the denture may need relining to fit well.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Implant failure	An implant may not bond with the bone or may fail later. This is uncommon but more likely in smokers and people with diabetes.	Uncommon
Peri implantitis	Inflammation and bone loss around the implants if plaque builds up. Cleaning the attachments or bar daily helps prevent it.	Uncommon
Gum overgrowth under a bar	Gum can grow up around a bar if it is not kept clean, which may need treatment.	Uncommon
Denture fracture	The denture can crack, particularly over the attachments. It can usually be repaired.	Uncommon
Nerve injury	Rarely, placing implants in the lower jaw can affect the nerve to the lip and chin, causing numbness that is usually temporary.	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**: continuing with your current denture. It may remain loose and you may need adhesive. Bone under the denture will continue to shrink slowly.
- **A new conventional denture** or a reline of your current one, without implants.
- **Full arch fixed teeth** on implants, which do not come out but cost more and need more implants.
- **Locators instead of a bar** or the reverse: we will explain which suits your bone, space and dexterity.

SECTION 5

Costs

ITEM	GUIDE FEE
CBCT 3D scan	£250
Implant retained denture per arch	from £6,500
Denture reline or repair	from £150
Replacement inserts or clips	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 placement involves surgery and that the implants need to heal before the denture is connected.	☐
I understand that the inserts or clips wear out and will need replacing regularly at a cost.	☐
I understand that the denture may need relining or remaking over time as my gums change.	☐
I understand the risks of implant failure, peri implantitis and, in the lower jaw, rare nerve injury.	☐
I understand that I must remove and clean the denture, implants and attachments every day and not sleep in the denture unless advised.	☐
I have been told about the alternatives, including no treatment, a conventional denture and fixed teeth, 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.