

NAUMAN QUAMAR, BDS, MS  
— Specialist in Periodontics & Implantology —

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**INFORMED CONSENT FOR IMPLANT SURGERY**

**(Extraction, Bone Graft, Membrane, Implant, Sinus Surgery)**

I hereby authorize Nauman Quamar, BDS, MS to perform surgery on me as follows:

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I understand that incisions will be made in my mouth for the purpose of placing one or more metal root form structure in my jaws to serve as anchors for a missing tooth or teeth or to stabilize a crown (cap), denture, or bridge. Dr. Quamar has explained the procedure to me, including the number and location of the incisions to be made. I understand that the crown, denture, or bridge will later be attached to this implant by another doctor and that the cost for that work is not included in the charge for this procedure. I know the implant may remain covered under the gum tissue for at least three (3) months before it can be used and that a second surgical procedure may be required to uncover the top of the implant.

I understand that implants should last for many years, but that no guarantee that they will last for any specific period of time can be or has been given. It has also been explained to me that once the implant has been inserted, the entire dental treatment plan, including my personal oral hygiene, must be followed and completed on schedule. If this schedule is not carried out, the implant may fail. I have been informed that tobacco users have a higher risk for implant failure (integration failure) and have been advised to cease tobacco use for proper implant integration.

I understand that the long-term success requires my long-term continued performance of mechanical plaque removal (daily home care) and my availability for periodic maintenance visits (recall professional care).

**For those cases where bone grafting is utilized:**

The goal of bone grafting and/or regenerative surgery is to “grow” bone back, to possibly allow dental implant placement either at the same time as this surgery or a later date. Additionally, the purpose of this surgery may be to help build a restorable jaw ridge for better esthetics and function where a replacement (artificial) tooth will go as part of a dental bridge.

I have been informed of the presence of insufficient bone support in an area where dental implant(s) are desired. The amount of bone may be increased utilizing grafting material placed in the areas of bone loss around the teeth/implant. Various types of grafting material may be used. These materials may include my own bone, synthetic bone substitutes, or bone obtained from a tissue bank (Allografts). Membranes may be used with or without graft materials, depending on the type of bone defect present. I understand that some patients do not respond successfully to bone regenerative procedures. The procedure may not be successful in preserving function or appearance. Because each patient’s condition is unique, long-term success may not occur. In rare cases, the involved implant/bone graft may ultimately be lost.

I understand and agree that sedative drugs will be used to reduce my anxiety and discomfort by making me relaxed and sleepy. These drugs may also reduce my ability to remember events occurring on the day of the operation. I agree not to drive myself home following surgery but to arrange to be driven and accompanied home. I agree not to operate a motor vehicle or hazardous machinery for at least 24 hours following surgery.

In the event that the removal of any teeth, or parts of teeth, is deemed advisable by Dr. Quamar due to conditions visualized and determined at the time of surgery, I hereby give consent for such removal. If any unforeseen condition should arise during the course of the operation calling for Dr. Quamar’s judgment or for procedures in addition to or different from those now planned, I further request and authorize Dr. Quamar to do whatever he may deem advisable.

**Risks:**

Post-operative risks of the proposed surgery include, but are not limited to: dry socket (extractions only); swelling; bleeding; infection and abscesses; pain; damage to soft tissue; teeth; fillings or other dental work; sinus or nasal problems or infection; loss of bone; fracture of the jaw; allergic reactions (previously unknown); injury to nerves near the treatment site which may cause pain; numbness or tingling of the lips, chin, face, mouth, teeth, and tongue, which is usually temporary but may be permanent; temporary, or in rare instances, permanent interference with phonetics (speech sounds); loss or damage to the ability to taste; clicking or pain of the temporomandibular joints (jaw joints); and, transient, or in some instances, permanent tooth mobility (looseness) in selected areas. I understand that any of these treatment complications may necessitate additional medical, dental, or surgical recuperation at home or even in the hospital.

Although a good cosmetic result is hoped for, it cannot be guaranteed. No guarantee, warranty, or assurance has been given to me by anyone that the proposed surgery will be successful. Due to individual patient differences, there exists a risk of failure. Problems may arise during the procedure which may prevent placement of the implant, and failure of this implant to bond to bone is possible which would necessitate its removal. Should this happen, I understand that it may be possible to insert another implant after a suitable healing period and that a charge may be made for this procedure if it occurs after the first 12 months following the original placement of the implant.

I consent to photographs of my oral and facial structures and their publication for educational and scientific purposes.

**For minors under the age of 18:**

I am executing this authorization and informed consent to periodontal surgery on behalf of the above named patient. In so doing I have advised Dr. Quamar that I am the legal guardian (or closest available relative). As such, I am authorized to execute this consent on his or her behalf.

I understand that Dr. Quamar is not employed by my dentist, but that he is an independent contractor and will receive a portion of the fee paid to my dentist for these services. I have chosen Dr. Quamar from the alternatives I have been offered to perform my dental procedure.

I understand Dr. Quamar is a specialist in periodontics, providing implant dentistry and oral surgery services.

I certify that this form has been fully explained to me and that I have read it or have had it read to me and fully understand its contents. I have been told of the alternatives, including no treatment at all. The advantages and disadvantages of each have been explained to me, and I choose to proceed with insertion of the implant(s).

**I CERTIFY THAT I HAVE FULLY READ AND UNDERSTAND THE ABOVE CONSENT.**

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dr. Nauman Quamar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date