

AFFILIATED PERIODONTISTS OF NORTH JERSEY, P.A.  
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## **FACTS YOU SHOULD CONSIDER WHEN HAVING DENTAL IMPLANTS**

### **SURGICAL SPECIALIST**

DRS. BERMAN, JAFFIN, AND KUMAR ARE MEMBERS AND FOUNDERS OF THE INTERNATIONALLY RECOGNIZED ACADEMY OF OSSEOINTEGRATION. THEY ARE HIGHLY REGARDED SURGICAL SPECIALISTS IN THE AREA OF OSSEOINTEGRATION (DENTAL IMPLANTS) AND PERIODONTICS. THE DOCTORS HAVE SUCCESSFULLY PLACED OVER 6,000 IMPLANTS. THEY HAVE LECTURED NATIONALLY AND INTERNATIONALLY, PUBLISHED NUMEROUS ARTICLES, AND HAVE GAINED A REPUTATION AS EXPERTS IN THEIR FIELD. THROUGH THEIR EFFORTS, MANY PATIENTS HAVE SUBSTANTIALLY IMPROVED THE QUALITY OF THEIR LIVES.

### **PRE-SURGICAL CASE PLANNING**

THE DOCTORS MUST PLACE THE IMPLANTS WHERE THEY HAVE THE BEST CHANCE FOR SUCCESS. THEY MUST CAREFULLY IDENTIFY THE SIZE, SHAPE, AND BONE DENSITY OF THE PROSPECTIVE IMPLANT SITES. EACH CASE IS UNIQUE, X-RAYS AND/OR COMPUTER GENERATED IMAGES ARE CAREFULLY EXAMINED. HOURS OF CAREFUL PLANNING IN CONSULTATION WITH YOUR RESTORATIVE DENTIST HELP AVOID POTENTIAL PROBLEMS.

### **COST**

BEFORE HAVING DENTAL IMPLANTS, PLEASE CONSIDER CAREFULLY NOT ONLY THE COST BUT ALSO THE SKILL, TRAINING, AND EFFORTS OF THE DOCTOR PERFORMING THE SURGERY. YOUR QUALITY OF LIFE DEPENDS ON IT.

OUR OFFICE MANAGER WILL BE HAPPY TO ASSIST YOU IN MAKING FLEXIBLE FINANCIAL ARRANGEMENTS.

IF YOU HAVE ANY QUESTIONS ABOUT THE PROCEDURE, PLEASE CALL OUR OFFICE, THE DOCTORS WILL BE HAPPY TO SPEAK WITH YOU.

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**IMPLANT CONSENT FORM**

I understand that osseointegrated dental implants have been developed and used in Sweden for over 25 years and in the United States for over 15 years with a long-term success rate exceeding 90 percent. It has become a predictable means of oral rehabilitation for patients throughout the world.

The Stage I (surgical procedure) is for the actual placement of implants, and the Stage II procedure is for attachment of the posts for the crown, bridge, or denture. A waiting period of 6-12 weeks is required between Stage I and Stage II while the bone heals around the implants, and additional time will be required for final preparation of prosthetic devices. In some instances, it is possible to immediately insert a temporary prosthetic device onto the implants the day of surgery. If this is the case, it will have been discussed prior to surgery with your doctor.

I, \_\_\_\_\_, have been informed that the purpose of this dental implant procedure is to provide support for a bridge, crown, or denture, and I consent to the surgical insertion of these implants in my jaw by Dr. \_\_\_\_\_. I have had the opportunity to discuss with Dr. Berman/Dr. Jaffin/Dr. Kumar my past medical and health history indicating serious problems and/or injuries.

I understand that in the event the implant(s) fails, it can be removed and replaced (if necessary) or an alternative plan discussed. I understand that there will be no refund of the fees in the event of failure. It has also been explained to me that once the implant is inserted, the entire dental treatment plan, including my personal oral hygiene, must be followed and completed on schedule. I also understand that I may require other procedures deemed necessary or advisable that are presently unplanned. I understand that Dr. \_\_\_\_\_ will make the prosthetic reconstruction. I also understand and agree that I must return for appropriate post-operative care and evaluation as outlined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_.

In addition, I understand that I must return for follow-up care at least once a year for evaluation of oral hygiene, plaque removal, and evaluation of the prosthetics. A fee will be charged for this service. I understand that although unlikely, swelling, bleeding, and/or infection may occur. Numbness of a temporary nature may also be associated with lower posterior (back) implants, which again is extremely rare.

Upper implants may impinge in the sinus and/or floor of the nose and cause transient nasal bleeding after surgery. The doctor has discussed the possibility of alternative procedures and I will cooperate completely with the recommendations of Dr. Berman/Jaffin/Kumar and

Dr. \_\_\_\_\_ while I am under their care, realizing any lack of the same could result in a less than optimal result.

I have been advised that the final restoration may not be similar to a completely intact normal dentition. In some cases, there may be a space between the gum and the bottom of the restoration. This is usually not visible to other people during function and allows for improved oral hygiene.

I understand that although rare, there may be problems associated with the implant fixtures after the prosthetic reconstruction has been delivered, including non-integrated fixtures, and/or exposed threads of fixtures.

In addition, I understand that problems may arise from the prosthetic reconstruction, including fracture of the prosthetic or abutment screws and loosening of the prosthetic teeth.

I hereby consent to and request Dr. \_\_\_\_\_ to place dental implants in my mouth for the purpose of dental reconstruction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (witness)

I have explained to \_\_\_\_\_, the implications involved in the use of dental implants. He/She acknowledges that no guarantees have been made concerning the results of these procedures by me or the manufacturers/distributors of the implant system.

\_\_\_\_\_  
Date