

**INFORMED CONSENT
PROSTHESIS ON IMPLANTS**

Tampico, Tamps. Date: ____/____/____

You have the right to know the procedure you are going to undergo and the complications more frequently occurring. This document tries to explain all these issues to you, please read it carefully and consult all the doubts that arise.

We remind you that, by legal imperative, you or your legal representative will have to sign the informed consent so that you can perform the procedure described below, without the signature of this document, no procedure may be performed.

Having read the foregoing, by the way, I declare to have been informed and to have fully understood the convenience and objective of the procedure of PROSTHESIS ON IMPLANTS.

WHAT IS IT AND WHAT IS IT FOR?

Dental implants are metal anchors placed in the bone of the maxilla and/or mandible, below the gum, to support artificial teeth when the natural ones are missing. When the bone is attached to the implants, these act as substitutes for the roots and form a strong base to support the teeth and custom-made dentures.

IN WHICH CASES IS IT DONE?

PROCEDURE DESCRIPTION .

The restorative phase to create a prosthesis or crown(s) begins after the second surgical procedure, in which the abutment (healing collar or abutment) and the tissues have healed.

A specific estimate of the duration and preservation of the implant cannot be made. If required removal of any part could reuse a conventional or partial denture, or possibly it would be need to place additional parts in the future.

Implants require additional maintenance and repairs. You need to follow the instructions before and after the placement of the prosthesis on implants.

Depending on the number of implants placed, the prosthetic treatment on implants can to imply:

- Placement of individual crown(s) cemented or screwed directly to each implant or abutment (abutment) that is fixed in each implant. |

- Placement of fixed bridges cemented or screwed directly to the implants or to the abutments that are fixed in each implant. :

- Placement of removable prostheses that are retained by pillars (abutments) fixed in the implants, to prevent displacement within the mouth and that must be removed for cleaning adequate

To make prostheses on implants, impressions must be taken to obtain special molds, for which guides must be placed in the implants. During the period of fabrication of the prostheses. Finally, temporary prostheses can be placed. These prostheses can loosen if you do not continue with the treatment

RISKS:

Risks not limited to the following: Dentistry is not an exact science; they can not give yourself guarantees regarding the result and it may be necessary to change the! treatment and materials prosthesis on implants, due to the final position or the loss of one or several implants.

CONSEQUENCES OF NOT CARRYING OUT THE TREATMENT

It has been explained to me that once the implant(s) are inserted, the treatment plan should be followed in its entirety and in the scheduled time. If this program is not carried out, the implant(s) may fail.

BENEFITS

Benefits that are not limited only to the following: improvement in the bite, function of the chewing and in appearance or speech, fewer natural teeth prepared for crowns, Elimination of hooks in removable prostheses.

ALTERNATIVES

- Fixed prostheses that require preparation for crowns of teeth adjacent to the edentulous areas (without teeth) to retain the bridge. They are cheaper than prostheses on implants, but there must be enough teeth without gum problems (healthyperiodontally) that support the prosthesis.
- Removable dentures in cases where there are not enough supporting teeth or if I do not want wear down my teeth Removable prostheses are cheaper than fixed prostheses, it is not necessary to wear down the teeth, but they are bulkier and have hooks that can loosen or break,
- Combination of fixed and removable prostheses when there is a large loss of teeth and the teeth that remain in the mouth are damaged or need to be prepared to withstand a fixed bridge.
- Complete dentures, when there are no teeth and there is sufficient supporting bone. the bone of support is reduced over time and dentures can shift, necessitating rebase at least every two (2) years.

- Do no treatment, does not require payment at this time, but may lead to loss of space and collapse of the arch, generating greater difficulty or impossibility of doing subsequent treatments. If there are already implants and the second surgery has not yet been performed, the bone can cover them. If the realization of the prosthesis is later accepted, it must be evaluated if it is possible to remove the bone covering the implants so that they can be used

I declare that I have been informed and understand that the procedure of PROSTHESIS ON IMPLANTS in any of the methods of which the case is designated, not part of being within an exact science, therefore, no guarantees or assurances can be offered about the final result of this procedure.

I fully agree with the instructions given to me by the treating dentist, nurse and/or assistant about the type of procedure I am undergoing and the risks that may arise with the procedure of PROSTHESIS ON IMPLANTS to be carried out and in case of any secondary effect that may arise later, as well as the possible remedies for them and I have understood the way to do it.

I agree to undergo the procedure of PROSTHESIS ON IMPLANTS, knowing the risks that this implies, delegating to my treating dentist and/or nurse the choice of the type of method or technique used.

I also approve any modification in the method or technique of application, if it is considered to be for the benefit of my health. I declare that I have been informed of the complications, risks and benefits of the procedure of PROSTHESIS ON IMPLANTS.

All my doubts have been clarified and I completely agree with what is stated in this letter of consent. If at the time of the intervention a different anatomopathological situation arose and more serious than expected, I give my consent to act in the best known way, according to the science and awareness regarding what is programmed, for the exclusive interest of my health, so that from At this time, I grant authorization to the health personnel, for the care of contingencies and emergencies.

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derived from the authorized act, taking into account the prescriptive freedom of my doctor.

I confirm that I have read and understood the entire preceding letter and that the physician and his team have explained the entire procedure in question and that I have been allowed to ask all the questions necessary, giving me answers to my concerns, in clear and simple language.

Therefore, I, free in my decision, without pressure or under any coercion, voluntarily, I GIVE my consent to carry out the procedure of PROSTHESIS ON IMPLANTS, proposed by the doctor, who has explained the content and scope of this informed consent and of the acts and/or procedures to which I voluntarily submit

Name and signature of the patient.

C.D.Dominga Cortez Garcia

Witness

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REFUSAL OR REVOCATION OF CONSENT

After being informed of the nature and risks of the proposed procedure, I expressly state free "and" CONSURE YOU DENIAL/REVOCATION OF CONSENT for its realization, making me responsible for the consequences that may arise from this decision.

Name and signature of the patient. -

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