



The RA-3
Surgical Manual

The RA 3 Surgical Manual

Written By
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The RA-3 Implant is manufactured and sold exclusively by:

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Section 1

INTRODUCTION TO THE RA-3 RAMUS FRAME IMPLANT

The RA-3 Ramus Frame Implant is the result of 20 years of study. The design and procedure for its placement have been developed from laboratory studies of numerous mandibles, and procedures on patients. The implant is designed to provide more implant surface area to bone interphase than the earlier design. The RA 3 is designed so that one size rail will fit most all mandibles. The anterior and posterior feet portions are a standard 5mm in height. The device is tripod in design. It is constructed of titanium cp grade 2. The one-piece design has proven to be the most stable mandibular implant. The surgical technique can be performed as an in-patient as well as an out-patient procedure, with good results from either setting. The RA 3 can be used where there is cancellous as well as compact bone, and over uneven ridges.

Indications: This implant is designed to be used in severely atrophied mandibles. Namely, in those cases where the muco periosteum is attached at the same level or above the remnants of the ridge. In cases where there is an average ridge left, the implant may also be used, but with some modifications. Reduce the thin crestal ridge. If the symphysis is 20mm or more in height seat the foot 2-3mm below the crestal bone in the symphysis. With the aid of the bending jig, close the arc of the posterior feet, to allow the anterior foot to seat completely.

Contraindications: The RA 3 should not be placed in a mandible that can not be stabilized or has less than 3mm of bone height.

Advantages: Very adaptable, limited procedural visits, immediate fixation, relatively short surgical procedure, simplicity, predictability, ease of maintenance, relative ease of placement, an office or hospital procedure, a reversible procedure, a relative small amount of patient discomfort, rapid recovery, immediate stability of implant and denture, patient satisfaction, and high percentage of success.

Disadvantages: This surgical technique is a precise procedure, and does require diligent study and practice, as well as a skilled surgeon to perform the surgery well.

To improve the patient's understanding of the procedure, written pre operative instructions and information, as well as a copy of your consent form should be given to your patient at the initial consultation visit. Samples of both forms are enclosed in the Appendix.

SPECIAL SURGICAL NOTE:

The surgical protocol(s) described in this manual should be considered general recommendations and guidelines only, and are not to be considered to standard of care for the procedure described. Rather, each surgeon should consider individual experience and qualifications before attempting any procedure reviewed herein. Additionally, the prudent surgeon must be familiar with their local and state regulations regarding the standard of care for the placement of oral implants.

Section 2

THE SURGICAL PLACEMENT TECHNIQUE FOR THE RA-3 RAMUS FRAME IMPLANT

Frame Selection

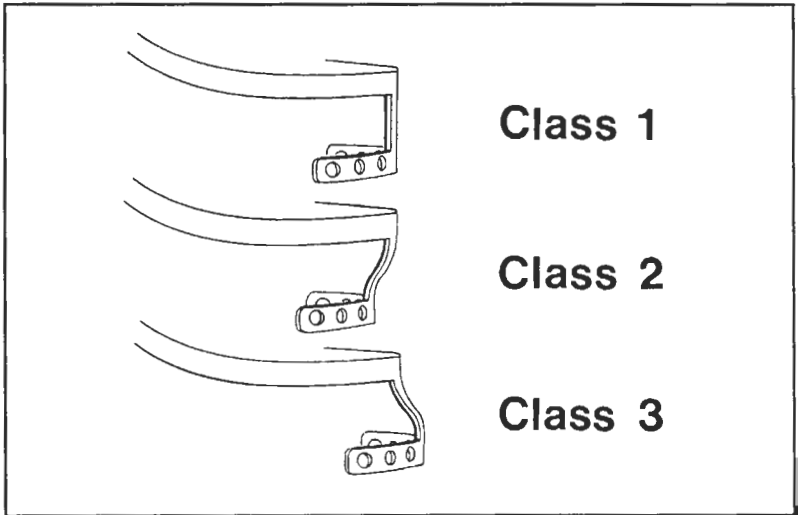


Figure 1. The anterior post is bent in a posterior direction approximately 4mm for patients with a Class II relationship. Likewise the post is bent forward approximately 4mm for those patients with a protrusive mandible, or a Class III relationship.

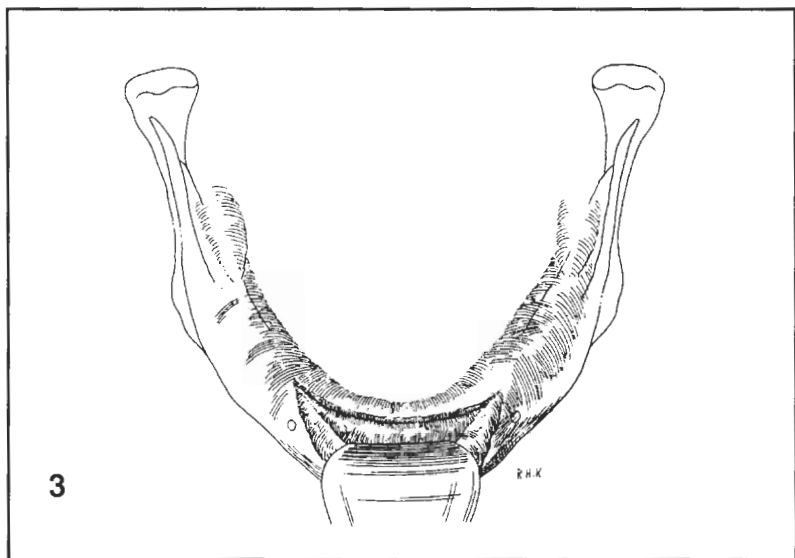
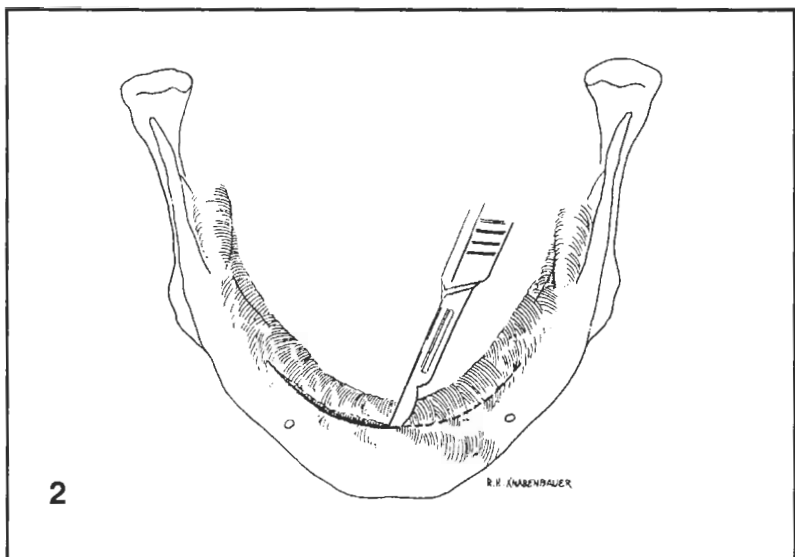
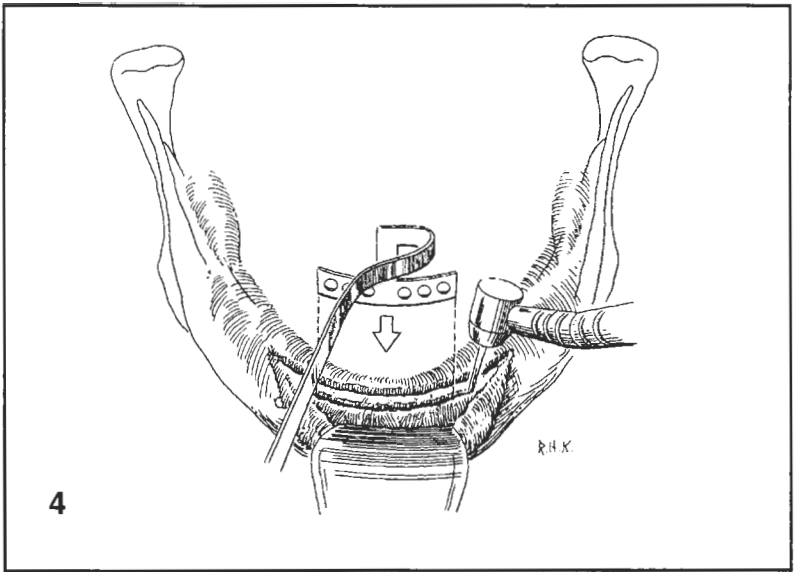


Figure 2. A curvilinear muco periosteal incision is made on the crest of the ridge, extending some 35mm bilaterally. Special care must be taken so as not to transect the neural vascular bundles. Dissect the mental bundles and then protect them during surgery.



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Figure 3. Reflect a muco periosteal flap both lingual and labial, so the lingual concavity may be explored; and to allow for adequate tissue closure. Care must be taken to insure that there is adequate vertical height of bone. If the anterior flap is taut, make a relief incision in the cuspid region to the labial.

Figure 4. A spiny, sharp or irregular alveolar crest may require alveoplasty before proceeding with the osteotomy incision. Lay out the proposed anterior osteotomy incision on the crest of the ridge, using the anterior try in template. Utilizing a 557 surgical burr, the anterior osteotomy incision is created. If the vertical height of the symphysis is 1cm or less, make the osteotomy only 6mm deep. When the symphysis height is from 1 to 2cm, make the osteotomy 7 to 8 mm deep if needed. The trial template is modified with the aid of a pair of pliers to fit the curved osteotomy that has just been created. When properly done, the foot will fit snugly into the osteotomy. It will either be even with the cortical plate or 2mm under the cortical bone, depending on the depth of the osteotomy.

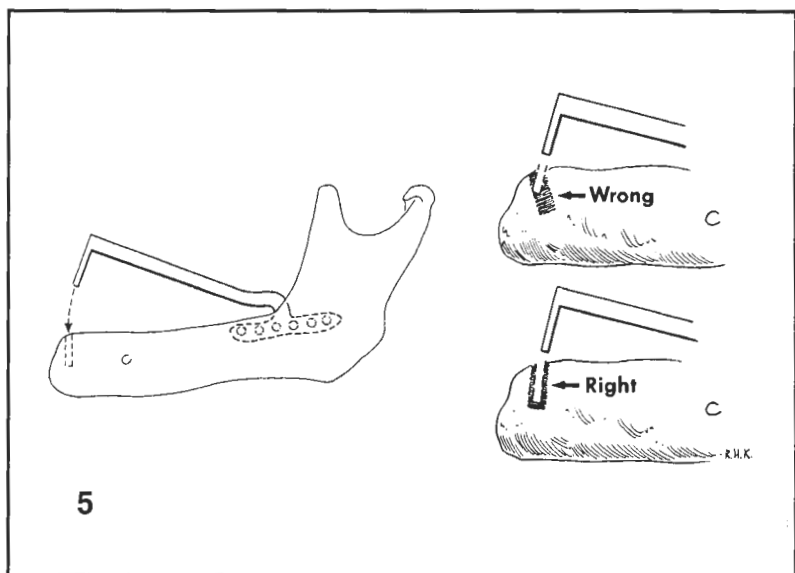


Figure 5. Direction of the osteotomy should be made in a vertical to lingual direction in relation to the body of the mandible. Do not make the osteotomy with an anterior inclination, for it will make seating of the frame difficult. Before proceeding to the next step, transfer the curvature, created from the anterior template to the anterior foot of the implant to be used.

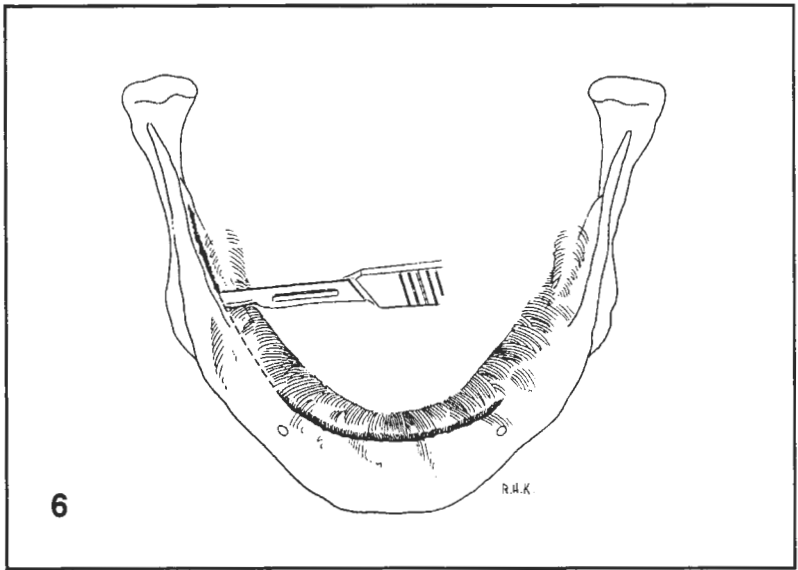


Figure 6. Begin the posterior incision. Retracting the buccal tissue, making a muco periosteal incision from above the retro molar pad, which is approximately 5mm above and 2mm lateral to the retro molar pad. Carry this incision down and forward, lateral to the retro molar pad then onto the crest of the ridge and joining with the anterior incision. Reflect a muco periosteal flap, exposing the external oblique ridge. It is helpful to reflect a lingual flap, to gain a relaxed primary closure.

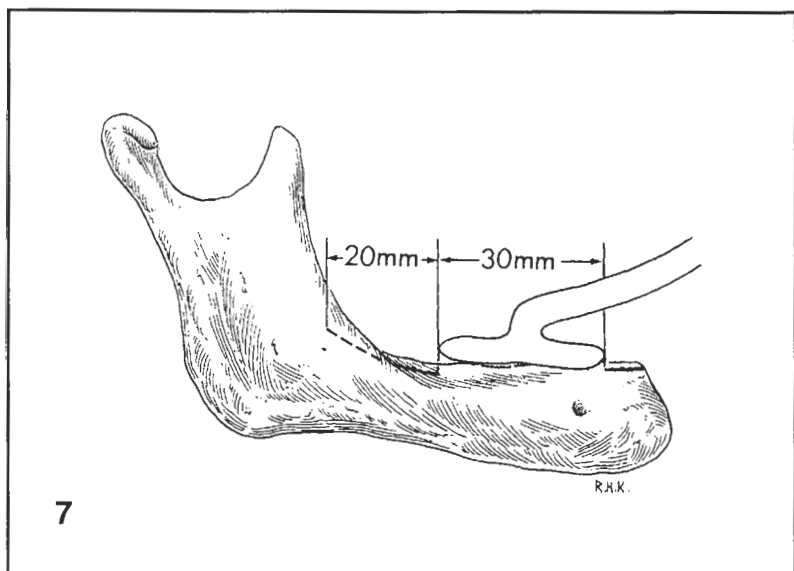


Figure 7. With the muco periosteal tissue held in retraction, the posterior try-in template is used to lay out the posterior osteotomy. This is done as illustrated in Figure 7, by measuring from the end of the anterior osteotomy approximately 27mm distal, which begins the posterior osteotomy. Mark the bone by penetrating it with a burr. Then measure 18mm distal and place the second mark. The osteotomy should be made in a straight line if at all possible; and approximately 2mm medial from the lateral cortical plate.

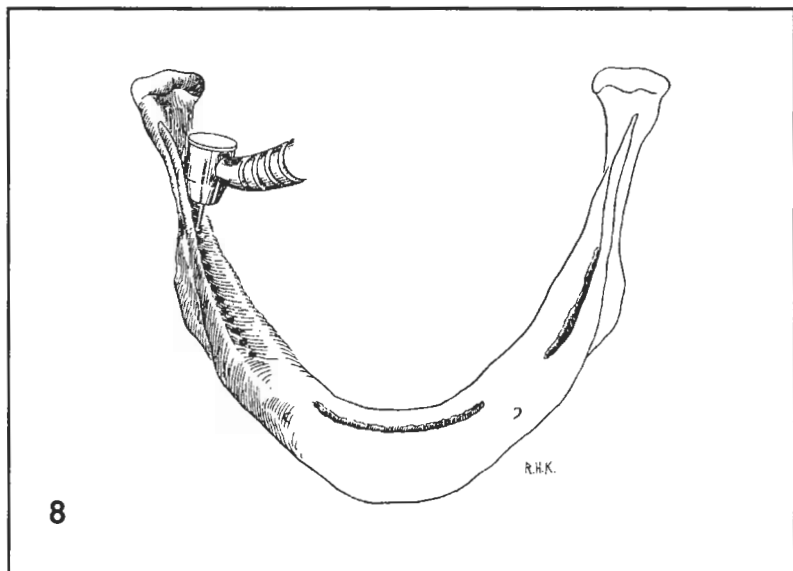


Figure 8. Make a series of penetrations just through the cortical plate in a straight line, join them, widen and deepen sufficiently to receive the posterior template foot. The soft cancellous bone, will facilitate the seating of the template. The burr may be used as a depth gauge, because the flutes are 5mm in length, a total depth of 5mm is desired. Often there is a hard mass of bone in the second to third molar area. Remove this mass with your burr. With the template in hand slip the distal portion into the distal of the osteotomy forcing it under the uncut bone by some 10mm then rotate the foot down into the anterior portion of the osteotomy.

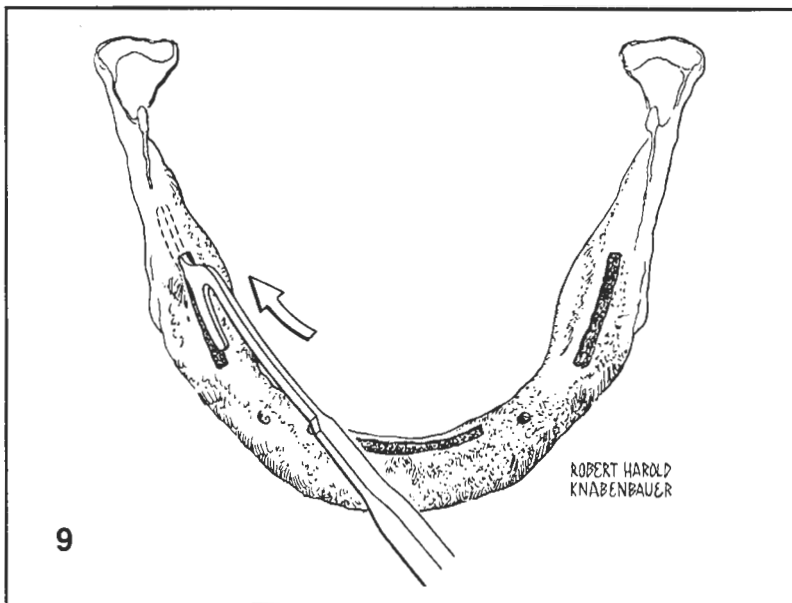


Figure 9. After adequately placing the template repeat the same procedure on the opposite side. If you find the osteotomy somewhat curved and the template will not fit the preparations, modify the template with pliers in the desired direction, until it fits. Transfer this configuration to the foot on the implant to be used.

Figure 10. With all bony areas prepared, take the frame to be seated in one hand, and with the aid of retractors, expose the posterior osteotomies. Place the distal end of the implant in the distal part of the preparation on the side opposite from you the surgeon. Proceed to bring the foot into the preparation on the side nearest you. Now proceed by forcing the feet back under the cortical plates. The mallet may be used if needed. When the frame is properly adjusted, there should be a 2mm compression to fit properly into the posterior slots. Notice the end of the posterior foot in relation to the oblique ridge. It should be even with the external border. As the frame is seated distally, it will become passive. If the frame is compressed until it fits the slots and then seated, it will tend to spring back. If this happens, the frame must be removed for readjustment. Expand the rails slightly and refit until 2mm of compression are obtained. After you have seated the feet back under the cortical layer, proceed to rotate the frame downward, positioning the anterior foot into the symphysis sight.

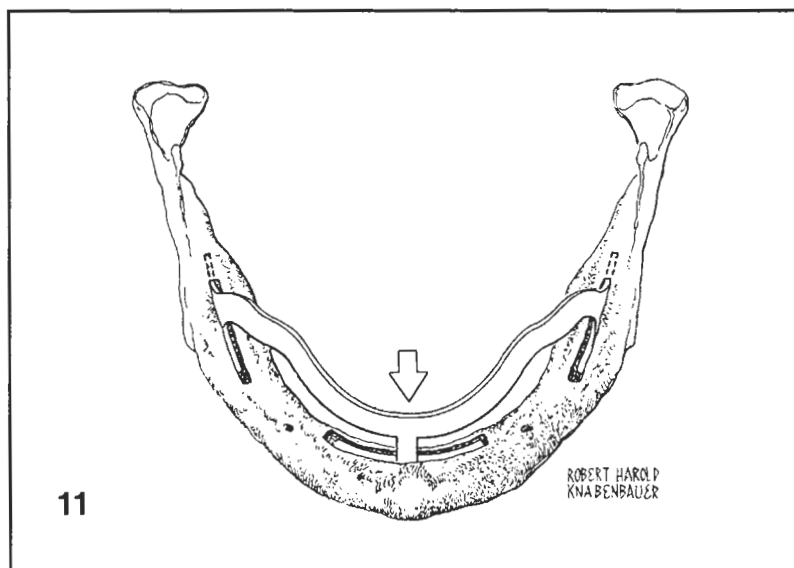
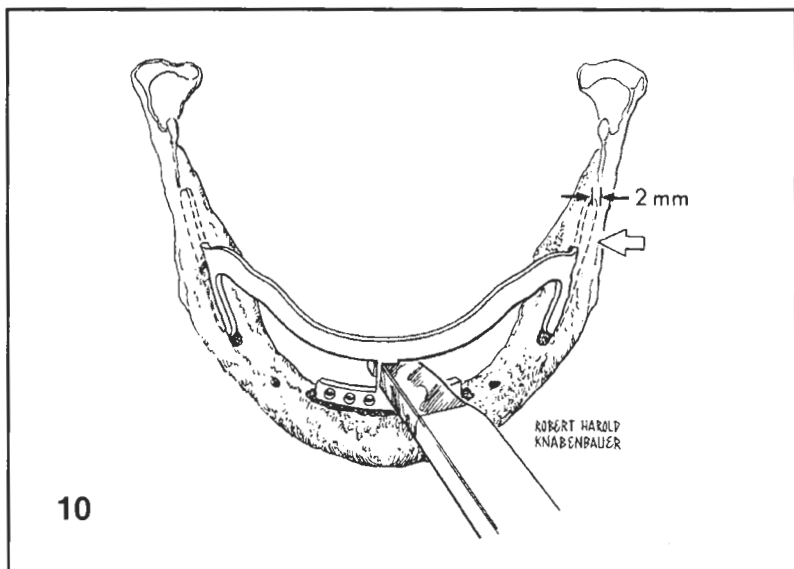


Figure 11. You may need to tap one or both of the posterior feet back further to properly align the anterior foot over the slot. Note the seating instrument Figure 10 is used to spring the foot back and down into the osteotomy. With hand pressure on the seating tool, tap the anterior foot down, and begin to seat it into the osteotomy with the aid of the spring mallet Figure 11.

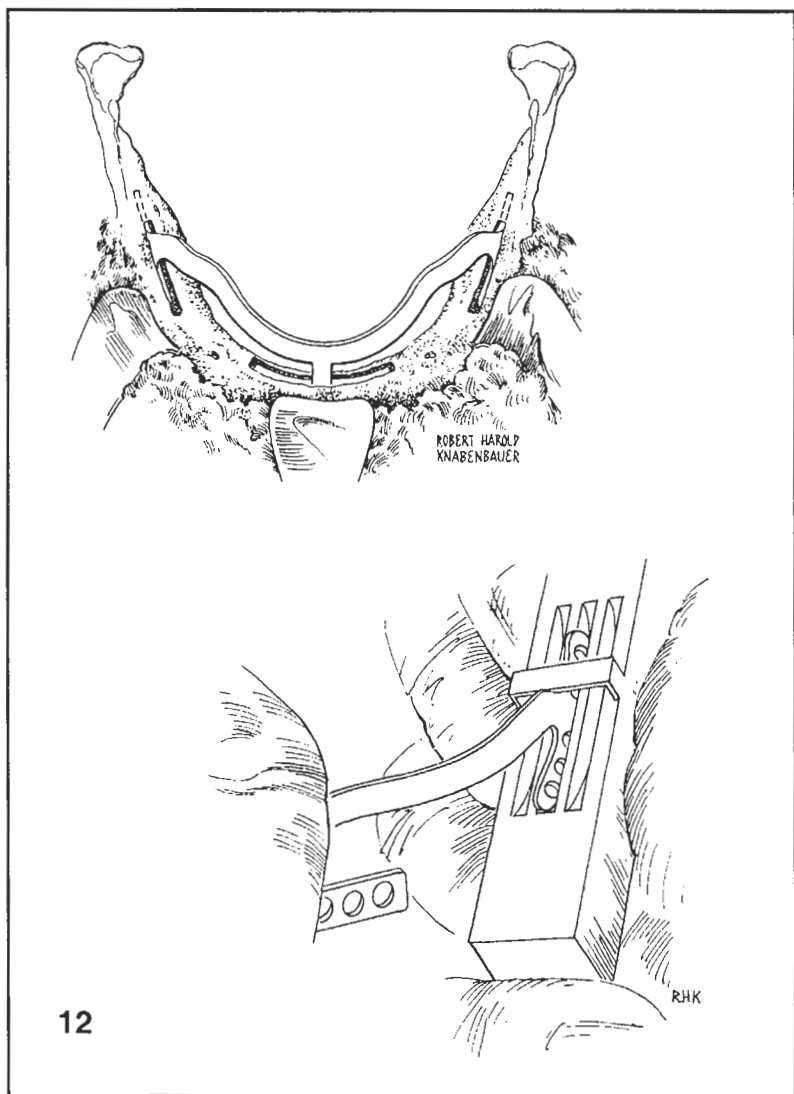


Figure 12. At the same time, notice the seating of the posterior feet. If they seat before the anterior foot seats, the frame will be under tension. The frame then must be removed and with the aid of a bending instrument, close the arc in the posterior feet as shown in Figure 12.

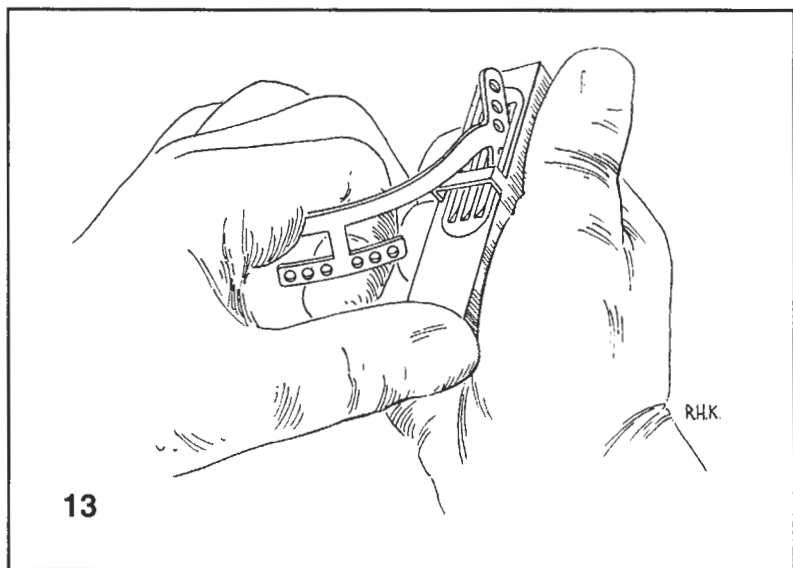


Figure 13. If the anterior portion of the posterior foot is above the bone when the rail is seated, remove the frame and bend the posterior foot as shown in Figure 13 this will open the arc which will allow the anterior portion of the foot to seat.

Final seating may require the use of a chisel, by placing it over the center post and tapping with a mallet. When bone height permits, submerge the anterior foot 1 to 2mm under the cortical bone. Add graft material over the feet and all exposed portions.

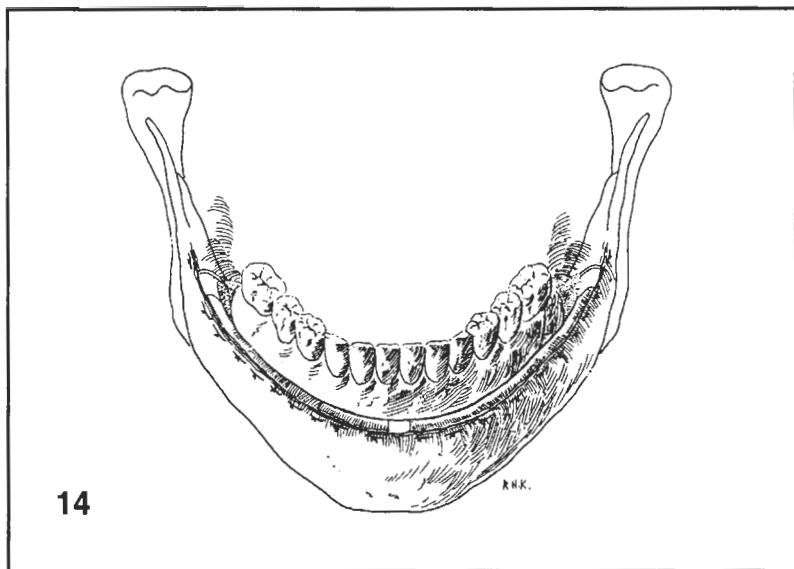
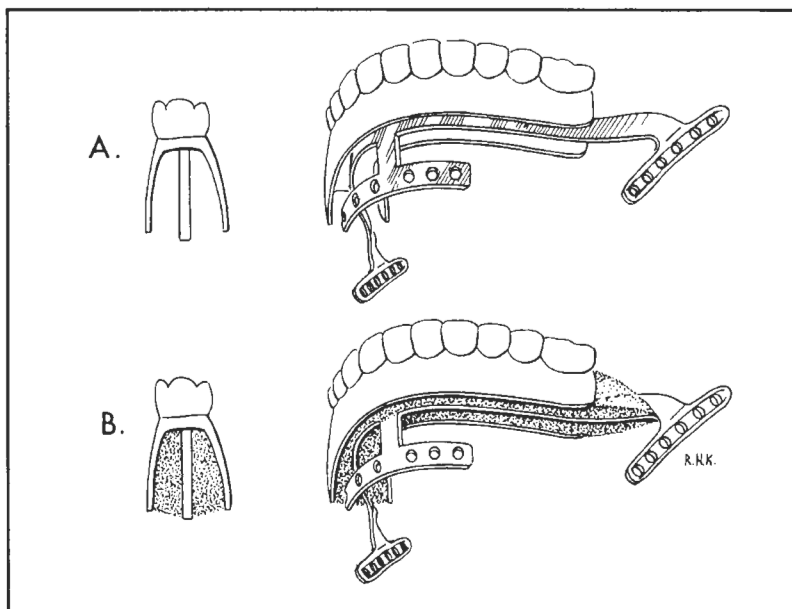


Figure 14. Closure has been completed using 3.0 vicral sutures. Note the post surgical denture has been adjusted and seated loosely onto the rail in Figure 14. A modified version of the patients existing denture may also be used, (see Section 3 in this manual)

Section 3

MODIFICATION OF THE PATIENT'S DENTURE



These illustrations show the denture modified and adjusted. The figure illustrates the freedom to position the denture in all directions ready for retro fitting or as needed to align with the upper. Self-curing acrylic is flowed into the denture base, then allowed to flash. Place the denture onto the bar and close the mandible in centric relation. Watch closely, as the acrylic may cure rapidly. Lift the denture occasionally during the curing process. Remove it and place it in warm water to polymerize. Remove excess acrylic and polish. Adjust the denture so it fits loosely for the first three weeks then add acrylic to increase frictional resistance to the bar. Make a final check for occlusal disharmonies by using bite registration paper and adjusting the occlusion in the usual manner. Denture-locking devices, such as the denture lock or the Lew attachment, are placed into the denture after the healing process is completed, or in many cases, when the final denture is constructed. It is recommended waiting 3-6 months before constructing the final denture.

Section 4

PROBLEM SOLVING

ADJUSTMENTS USING THE BENDING JIG

When to use the bending jig:

1. Where there is a moderate amount of bone in the body of the mandible, the procedure would be to close the posterior foot.
2. In a case where there is more resorption in one rami than the other, the procedure would be to open the posterior foot.
3. In a Class 3 protrusive case, some closure is needed because the frame comes forward onto the body of the mandible farther than in a Class 1 case.

MORTICING POSTERIOR OSTEOTOMIES

Straight lines are desirable, but when the body of the mandible is curved, follow the curve and stay close to the external border. Bend the try-in as well as the foot on the implant to be used. When the posterior feet are curved, the implant will not move back and forth in the receptor sight. Thus more care is required in guiding the posterior feet down into the osteotomy.

MORTICING ANTERIOR OSTEOTOMIES

Probably the most common error in morticing the anterior osteotomy is not cutting deep enough in the midsymphysis area, where the bone is very dense. As you mortice on each side of the midline area, cancellous bone is usually found, which mortices very easily. When the try-in does not seat to the desired depth, mortice through the midsymphysis area. Remember, in morticing the osteotomy, make it in a vertical to lingual inclination to the body of the mandible, because the pivoting point of the frame is in the ramus area. In other words, it seats in an arcing manner, the pivoting point is from the posterior.

DENSE BONE IN THE RAMUS AREA

It is not advisable to create an osteotomy that is the same dimension as the foot. The reason is the foot will tend to come out of the prepared site when you tap on the contra lateral side. With few exceptions, the only time there is compact bone in the ramus area is when there has been some type of endosseous implant placed in this area prior to this attempt. The difficulty is in morticing under the cortical layer for approximately 10mm to allow for the posterior foot.

ADJUSTING THE POSTERIOR TENSION

Because all frames are of one size, some adjustment on the posterior of the frame will be necessary from patient to patient. Just remember that approximately 2mm of compression is needed to obtain passivity of the implant when properly seated. That means when one posterior foot is in its sight the other posterior foot must be even with the external oblique surface of the mandible. Bend the frame to achieve this dimension, usually that means compressing the rail medially to achieve the desired dimension.

Section 5

DENTURE LOCK PLACEMENT INSTRUCTIONS

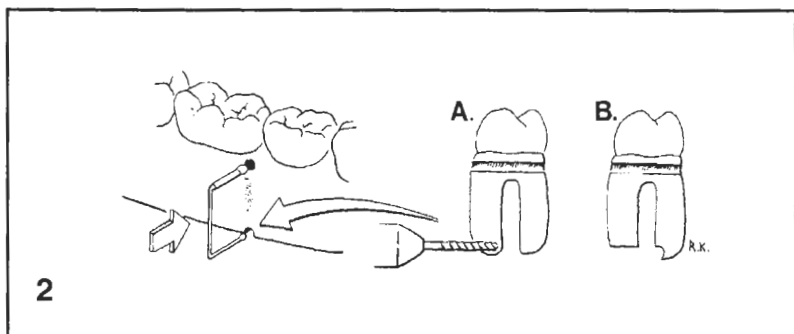
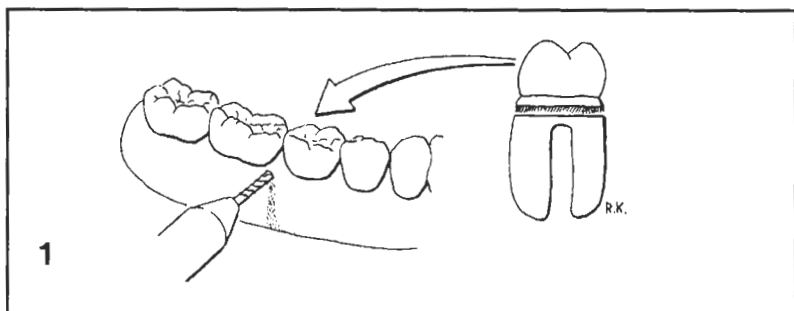


Figure 1. Use a #8 Burr. Drill a horizontal hole in the acrylic denture base, between the first and second bicuspid, just above the slot for the bar. Drill completely through the denture base. If porcelain teeth are used, a diamond burr may be necessary to cut away some of the porcelain to create a hole of adequate size.

Figure 2. Try the lock in, by placing the sliding end into the hole. If the ball contacts the lower flange of the denture, drill a hole in the outer flange at that point, and recess a small amount on the inner flange. Now, reposition the denture lock. It should seat well into the hole, leaving the vertical portion of the attachment on the surface of the denture or very close to the surface.

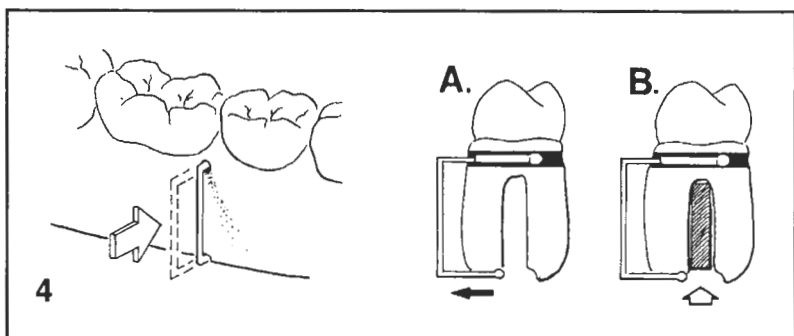
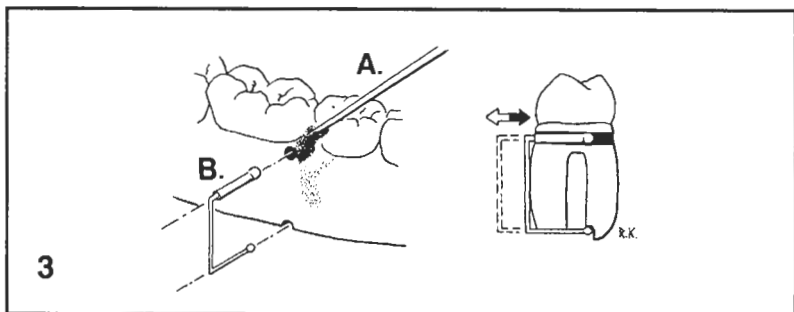


Figure 3. Mix self-curing resin and work it into the upper hole, then seat the telescopic end of the lock. Refill around the lock if necessary.
 (A) Repeat the same procedure for the other side.
 (B) Cure the material in a pressure unit. Finish the acrylic surface and remove any acrylic which may restrict the lock from sliding smoothly.

Figure 4. Open the locks and seat the denture, pressing the locks into place. If there is movement in the denture, adjust the lock, by using a three-prong pliers to adjust the retentive arm in the desired direction.

Section 6

DENTURE CONSTRUCTION TO FIT A RAMUS FRAME

1. Allow 3 to 6 months before the final denture construction.
2. Take an alginate impression of the lower arch. Lift it off posterior first.
3. Take the impression and turn it tissue side up and with the aid of a scalpel cut the torn edges from the material leaving a smooth groove into the cavity.
4. Pour up the impression in a hard stone. The cast should have a continuous web of stone extending from under the rail to its base.
5. Place .003 tin foil over the rail and burnish the foil to the rail. Then duplicate it. This will provide adequate relief for the processed denture.
6. Construct the lower byte block on the cast then proceed with the remaining steps of denture construction.
7. Wax up the flanges both labial and lingual down to the base of the cast.
8. When the denture is processed in acrylic and finished, try it in fitting it to the rail first. The flanges may be short of tissue contact. To lengthen the flanges, take an old frame rail or an equivalent piece of metal and place it in the denture groove. Then add acrylic to lengthen the flanges.
9. When finished the flanges should extend down just to the soft tissue on both sides of the rail. The acrylic should be short of the posterior entry sights by 5mm. The anterior flange should have a relieved area in the mid-line exposing the post and soft tissue to allow fluid flow. If the acrylic base fits too tight to the rail, relieve the groove by using a large fissur burr. Then adjust the occlusion.
10. The locking devices such as the Roberts denture locks or Lew attachments are used to secure the appliance to the rail. (see Section 5 in this manual)

Appendix 1

INFORMATION AND INSTRUCTIONS TO THE PROSPECTIVE RAMUS FRAME IMPLANT PATIENT

These are suggested guidelines.

MEDICAL HISTORY:

Have you had a complete physical in the past 12 months? Yes No

Was there a complete blood work-up done? Yes No

May we call your medical doctor for the results? Yes No

If you have had no blood work done in the past 12 months, we request that you do so before we do the surgery.

Do you have a known allergy to any drug? Yes No

Are you now taking any medication? Yes No

If so, what are they, and why are you taking this medication?

Drug _____ Reason: _____

Drug _____ Reason: _____

Drug _____ Reason: _____

Drug _____ Reason: _____

THE DAY OF SURGERY:

The surgery itself may take from one to two hours, but you should expect to be here for four hours. The other time is consumed by the anesthesiologist giving pre-med, the surgeon placing the sutures after the surgery, and the time it takes to modify your lower denture.

You should not eat anything after midnight the night before, if the surgery is scheduled for morning; or if the surgery is to be done in the afternoon, you can eat a light breakfast. In either case you should have nothing to eat or drink for at least six hours before surgery.

You will leave the office with a lower denture in place on the implanted rail. It will most likely be your old denture with some modifications done to it by Dr. __. You will also have numerous sutures in your mouth, which will be removed in approximately one week. At that time, Dr. __ will also make more adjustment to your dentures. It is sometimes difficult to adjust your bite properly on the day of surgery.

We insist that our patients have someone to care for them and drive them home after the surgery. We feel that it is safer for all concerned if the patient does not drive for a reasonable amount of time after the surgery.

It is also advisable not to take any alcoholic beverages before or for at least twelve days after having surgery. Alcohol and the premedications you will be given should not be mixed.

AFTER THE SURGERY - HOME CARE:

After surgery we want you to take good care of yourself. Sleep with your head elevated (1 or 2 pillows). Do not drink any hot liquids or ingest any hot foods the day of the surgery. Heat induces hemorrhage. Do not drink with a straw, or talk very much. We do not want you to use the muscles in the lower jaw area. When a lot of talking and /or sucking are done, the sutures may come loose. If that happens, the bone is exposed. Your overall healing time will be much longer and more painful.

As soon as you get home, place an ice pack(or ice-bag) on both sides of your jaw. Keep it on for fifteen minutes and off for fifteen minutes. You should repeat this procedure for at least four hours after surgery.

Dr.____wants you to understand that it is a proven fact that cigarette smoking and consumption of alcoholic beverages causes problems with tissue healing. If these are habits of yours, it may take longer for your tissues to heal.

The day after surgery, you may begin to rinse your mouth with warm salt-water, this promotes tissue healing. You may now also start taking warm or hot foods. For the first week, it is better if you eat only soft but nutritious foods, such as: cottage cheese, applesauce, Jello, mashed potatoes, meat loaf, oatmeal, Cream of Wheat, green beans, peas, squash, puddings, eggnog, ice cream, eggs, custard and soups. It is recommended that a soft diet be maintained for the first two months following surgery.

A PROBLEM THAT COULD ARISE:

One of the disadvantages of this surgery, is that you may be left with some numbness in the lower lip and chin. This may or may not happen. It does not happen in most cases, but there is a possibility and we want you to know of it. In talking to patients that have had this problem, we have found that the sensation is like a hand or leg that has "gone to sleep". This numbness will not give you a droopy lower lip. It can sometimes last for a few years, or go away within a few week's after surgery.

NEW DENTURES:

A new denture could be made six months after the surgery, if Dr. ___ deems it necessary. The lower denture would be equipped with cutting bars. They help you chew your food much better. Your dentures would then work on the same principal as a cutter and a chopping block. With cutting bars, food like lettuce, apples, carrots, celery, nuts and tougher cuts of meat become easy for you to eat. The lower denture may also be equipped with denture locks. Denture locks are small clips that lock the denture onto the rail. They are easy for you to open and close, and thus aid in maintaining the proper cleaning of your denture and rail.

COST OF THE SURGERY:

Anesthesiologist charge for pre med \$_____

Dr.____fee for the actual surgery \$_____

Dr.____fee for the new dentures\$_____

(If he deems them necessary)

TOTAL TO BE CHARGED

FOR YOUR IMPLANT SURGERY \$_____

If you decide to have surgery, we will ask you to sign a consent form before the actual surgery date.

CONCLUSION:

Before consenting to the procedure, you must understand that each individual reacts differently to surgery and that dentistry and medicine are not an exact science, and therefore, no guarantee can be made or implied as to the success of the implant.

Appendix 2

TWO EXAMPLES OF DENTAL IMPLANT CONSENT FORMS

DENTAL IMPLANT CONSENT

The nature of my dental problems, and the reasons that a dental implant is being recommended has been explained to me. I understand what is necessary to accomplish the placement of a dental implant under the gum or in the bone.

I have been carefully examined. To my knowledge, I have given the doctor an accurate report of my health history, including prior allergies, unusual reactions to drugs, foods, anesthetics, pollens, dust, insect bites, blood or body disease, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

I was informed of other methods which could be used in replacing my missing teeth. I have tried or considered these methods, but I desire a dental implant to help secure the replacement of my missing teeth.

The doctor has explained to me that there is no way to accurately predict the bone healing capabilities of any particular patient following the placement of an implant.

I have been informed, and understand that occasionally there are complications from the surgery, drugs and/or anesthetics. Such possibilities include, but are not limited to infection, tissue discoloration and/or numbness of the lip, tongue, chin or cheek or teeth which may last for an indefinite period of time and may be irreversible. Also possible are inflammation of a vein, injury to teeth, if present, bone fractures, nasal or sinus penetrations, which may delay healing and cause allergic reactions. It has been explained that in some patients, implants may fail and must be removed.

I understand that smoking and alcohol, sugar or improper dietary practices may affect the bone and gum healing and may limit the success of the implant. I specifically agree to refrain from drinking any alcoholic beverage for at least twelve (12) days following my surgery. I agree to follow the home care and dietary instructions prescribed by the doctor.

I understand that the success of dental implants depends to a great extent on my maintenance of meticulous oral hygiene throughout my mouth and especially around the implant posts where they come through the gum tissue.

I agree to return at regular intervals as specified by the doctor or his associates for inspection of my mouth and prophylaxis by the doctor, and to have performed such dental services as may be needed from time to time to maintain my oral health.

I agree to report immediately to the doctor or his associates any evidence of pain, swelling or inflammation around my implant or implants and arrange to see him as soon as possible. A reasonable fee will be charged for these visits, commencing one year after placement of my implant or implants.

I agree and understand that the degree of success of any dental treatment is directly related to my cooperation and that, if I fail to cooperate as requested and instructed by the doctor or his staff, I may suffer temporary or permanent injury to my dental health and to the dental work performed by my dentist.

The doctor has explained to me in more detail than noted above, the benefits and risks involved. I understand the details, and have had an opportunity to ask questions of the doctor concerning the planned treatment.

I approve any modification in design, materials or care if, in the doctor's professional judgment, he feels it is in my best interest.

I acknowledge that I have not been given a guarantee or warranty of any kind with respect to the success or prognosis of my dental implant or implants.

I hereby authorize _____ and/or his associates to perform dental services for me including dental implants and other surgery or restorative procedures necessary or advisable as a corollary to the planned treatment. I also agree to the use of local or general anesthesia, intravenous or oral sedation, etc., as deemed necessary in the judgment of the dentists involved in my case. I understand that there is a need for someone else to drive me from the doctor's office or hospital, and that I am to arrange this for myself in advance.

I agree not to operate any vehicle, machinery or engage in any activity which requires reasonable skill, such as cooking, handling flammables or unassisted stair climbing for 24 hours or more and until fully recovered from the effects of the anesthesia or drugs given for my care.

I authorize photographs, x-rays, or other viewing of my care and treatment during its progress to be used for the advancement of implant dentistry.

I have read and fully understand the above consent for dental treatment. I read and understand the English language.

Date of Surgery _____

Patient's Name _____

Signature _____ Date _____

Witness' Name _____

Signature _____ Date _____

CONSENT TO DENTAL IMPLANT

TO ALL PROSPECTIVE IMPLANT PATIENTS:

One of my responsibilities, as your dentist, is to provide you with sufficient information regarding dental implants in order that you may make an intelligent decision, and should you so desire, give you informed consent to such implant procedures. I have attempted to explain fully the advantages and disadvantages of implant procedures. Before consenting to the procedure, you must understand that each individual reacts differently and that dentistry, and medicine, are not an exact science and therefore, no guarantee can be made or implied as to the success of the implant. Before proceeding, I will ask you to read this statement to me and to read, understand and sign the consent form which follows.

_____ D.D.S.

CONSENT TO IMPLANT

I am of adult age and capable of giving this consent. I have consulted _____, D.D.S., because I seek a solution to my dental problems and desire implant procedures to support the teeth to be replaced in my mouth. I acknowledge that Dr. _____ has carefully examined my mouth, discussed dental implants with me and has answered all my questions. I feel that I am adequately informed as to the procedure, so I can give my informed consent thereto.

Dr. _____ has given me his professional opinion that implants may help to solve the dental problems I have suffered. He has told me that in his experience, many full lower implants have served well for many years, but that full upper implants have had a lesser degree of success. Dr. _____ has carefully explained that there can be no guarantee of success and that the ultimate result depends on many things including the personal habits of the patient: Smoking, non-moderate use of alcohol or surgery, oral hygiene, general health and the individual body response of each person and that the body response cannot be predicted.

Dr. _____ has outlined and stressed the importance of proper hygiene. I agree to follow his instructions as to hygiene and diet.

Dr. _____ has explained fully and to my satisfaction, the alternative procedures available to me. He explained that if a person suffers dental deficiencies and such deficiencies go untreated, the following events, among others, might occur:

1. Where all teeth are missing, further bone degeneration will continue, increasing the problems presently suffered by the patient.
2. Where only groups of teeth are missing, without replacement of teeth, chewing forces and malocclusion may cause pronounced loss of bone and gum disease around remaining teeth. Symptoms may be inflammation, infection, sensitivity, looseness and further loss of teeth.
3. Teeth may be replaced with conventional, removable, full or partial dentures. (Whichever is your case.)

I have either considered or tried alternative procedures and regard them as being less desirable than dental implants.

Dr. _____ has solicited from me a complete report on my health history, including allergies, unusual reactions to drugs, foods, insect bites, anesthetics, pollen, dust or any other materials, or any other condition which I may have. To the best of my knowledge, I have no such medical conditions which I have not told him.

I understand that placement of the implant involves one or more oral surgeries. I have been informed of the possible complications of the surgery, the anesthesia and the necessary drugs which are used. I am aware that there may be pain, swelling, infection, discoloration and numbness, the exact duration of which may not be determinable. It has been again explained that all questions in this regard have been answered. Dr.____ has advised me that if I have other questions they will be answered by him or an associate dentist involved with him.

It has been explained that it will be my responsibility to report to Dr. ____office every six months or at any other times he may recommend to carefully check the status of my implant treatment. A reasonable fee will be made for these follow-up examinations subsequent to the first year anniversary date of the placement of the implant.

Considering myself to be fully informed, I authorize Dr.____ and his associates to perform dental service for me consisting of dental implants together with reasonable necessary surgery, x-rays, administration of local or general anesthetic, sedation, analgesia, administration of drugs and such other related procedures as are reasonably necessary for the completion of the implant procedure, and to use all photos, slides, x-rays and models (but not my name) in teaching other doctors for the advancement of implant dentistry.

Because of the continual progress being made in implantology, I authorize any modification in design, material, or care, if in Dr. ____ experience and professional judgment he feels it to be in my best interest.

All questions regarding my implant and its surgical procedure have been answered to my satisfaction by Dr.____.

I have read and fully understand the above consent for dental treatment. I read and understand the English language.

Date of Surgery_____

Patient's Name_____

Signature_____ Date _____

Witness' Name_____

Signature_____ Date _____